FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G84022

(4)

REBEL REFRACTORIES, INC.

	FILED										
Mar	10	1997	8:00am								
Sec	cret	tary of	f State								

Daytime Phone #

Principal Place of Business Mailing Address				5 17 FIESDS					
1000 HOOVER ROAD P O DRAWER 7206 WINTER HAVEN FL 33884 US		1000 Hoover RD P o Drawer 7206 Winter Haven FL 33884-2814 US							
					3. Date Incorporated or Qualified 02/09/1984		3a. Date of Last Report 04/22/1996		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-2371751			t Applicable
Suite, Apt 3	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Ø	\$8.75 A	
City & State		City & State				6. Election Campaign Financing		\$5.00	·······
23		28				Trust Fund Contribution		Added (
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for			. 199.032,
24	9. Name and Address of Currer	29	30			Florida Statutes 10. Name and Address of New R	Yes		
		it Hegistered Agent		81	Name	10. Name and Address of New A	Anararae	n whenir	
	LE, C. R.		L					.,	···········
	HOOVER ROAD TER HAVEN FL 33884			82	Street Ad	Idress (P.O. Box Number is Not Accepte	ble)		
771(4)	ICH HATCH I'C 9900T		1	83					
			-	84	City			. 85 Zip (Code
				•	City		F	L Ba Zip	Code
11. Pursuant I office or re agent I a	to the provisions of Sections 607 050 registered agent, or both, in the State im familiar with, and accept the oblig	2 and 607.1508, Florida Statu of Florida. Such change was ations of Section 607.0505, F	tes, the ab authorized lorida Stati	ove by ites	named co the corpor	orporation submits this statement for the ration's board of directors. I hereby acceptations	purpose pt the ar	of changing it opointment as	s registered registered
SIGNATURE	Var Bea								
	Segmented teacher of registered ago	ent and little if applicable (NO		Ager	nt signature rec	quired when reinstating)	DATE OF DO. AA		DC (NL 10
12.	OFFICERS AN	D DIRECTORS DELETE	13.	16		ADDITIONS/CHANGES TO OFF	CERS AF	Change	Addition
NAME	BEALE, DAN L.	otten	1.2 NA		1			and ourside	
STREET ADDRESS	4209 THOMASWOOD LANE				ADDRESS	6618 Winter Gardens R	oad		
City-St-ZiP	WINTER HAVEN FL		1.4 CI1			Winter Haven, FL 338			
THILE	D	DELETE	2.1 TiT					Change	Addition
NAME	BEALE, C. R.	_	2.2 NA	ME					
STHEET ADDRESS	1114 CYPRESS POINT WAEST		2.3 ST	REET.	address	1113 Cypress Point W			
CHY-ST-ZIP	WINTER HAVEN FL		2. 4 CI		1 - 24P	Winter Haven, FL 338	84	, <u> </u>	1.4490
TITLE	ST AND DUTT	☐ DELETE	3.1 TiT					Change	Addition
NAME	HULSEY, ANNIE RUTH 3142 HWY 27TH S.		3.2 NA						
STREET ACURESS	LAKE WALES FL				ADDRESS				
CITY+ST-ZIP TITLE	P	DELETE	3.4. CI 4.1 TII		11-712			Change	Addition
NAME	BEALE, ROBERT D		4. 2 N/	AME					
STREET ADORESS	231 S DOOLEY ST		4.3 ST	REET	ADDRESS	3726 White Oak Court			
CHTY+ST-ZIF	HAWKINSVILLE GA		4.4 CI	TY-S	T-ZIP	Lake Wales, FL 33853	,		
Toy F		DELETE	5.1 T(1	LE				Change	Addition
NAME			5.2 NA	ME	}				
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZOF		T Briter	5.4 CI		T - 21P			Change	Addition
FILE		☐ DELETE	6.1 717					cusinge	L Apprecia
NAM!			6.2 NA		*DD0000				
STREET ADDRESS			6.3 ST		ADDRESS 1 710				
CHY-ST-Z-P 14. I do herel	L by certify that the information supplic	ed with this filing does not gua	lify for the	AXA	mption sta	ted in Section 119.07(3)(i), Florida Statu	es. I furt	her certify that	the
informatio	on indicated on this annual report or	supplemental annual report is r the receiver or trustee empo	true and a wered to e	iccu	irate and ti	hat my signature shall have the same leg port as required by Chapter 607, Florida	gal effect	as if made un	ider oath; th