

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G84022** (4)
1. Corporation Name
REBEL REFRACTORIES, INC.

Principal Place of Business 1000 HOOVER ROAD P.O. DRAWER 3306 WINTER HAVEN FL 33884 US	Mailing Address 1000 HOOVER RD P.O. DRAWER 3306 WINTER HAVEN FL 33884 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 1000 HOOVER ROAD 27 Suite, Apt #, etc. 28 WINTER HAVEN FL 29 33884 30 US
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3. Date Incorporated or Qualified 02/09/1984	4. FEI Number 59-2371751	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BEALE, C. R. 1000 HOOVER ROAD WINTER HAVEN FL 33884	10. Name and Address of New Registered Agent 81 Name DAN L. BEALE 82 Street Address (P.O. Box Number is Not Acceptable) 6618 WINTER GARDEN ROAD 83 84 City WINTER HAVEN FL 85 Zip Code 33884
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, **DAN L. BEALE**, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **DAN. L. BEALE, PRESIDENT** 03/28/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V BEALE, DAN L. 0618 WINTER GARDENS RD. WINTER HAVEN FL	1.1 TITLE	PRESIDENT
NAME		1.2 NAME	DAN L. BEALE
STREET ADDRESS		1.3 STREET ADDRESS	6618 WINTER GARDEN ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	D BEALE, C. R. 1113 CYPRESS POINT W. WINTER HAVEN FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST HULSEY, ANNIE RUTH 3142 HWY 27TH S. LAKE WALES FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P BEALE, ROBERT D 3726 WHITE OAK CT. LAKE WALES FL	4.1 TITLE	VICE PRESIDENT
NAME		4.2 NAME	ROBERT D. BEALE
STREET ADDRESS		4.3 STREET ADDRESS	3726 WHITE OAK COURT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE WALES FL 33853
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DAN L. BEALE, PRESIDENT**

03/28/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVine Phone # 724 325 1998

CP2E034 (10/97)