

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

FILED
Feb 12 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 # **G85135** (3)
1. Corporation Name
COMMERCIAL CONVEYOR SERVICE, INC.

Principal Place of Business
**115 VISTA BLVD
ARDEN NC 28704
US**

Mailing Address
**115 VISTA BLVD
% FREDERICK J. STINGEL
ARDEN NC 28704
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PFAFFENBERGER, W J 631 US HWY ONE SUITE 410 NORTH PALM BEACH FL 33408		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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, or both, 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 607.0605, Florida Statutes.

SIGNATURE

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	PD	11 TITLE	
NAME	STINGEL, FREDERICK J.	12 NAME	
STREET ADDRESS	8 CEDAR CHINE	13 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	
NAME	STINGEL, JANET	22 NAME	
STREET ADDRESS	8 CEDAR CHINE	23 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	
NAME	STINGEL, JOHN	32 NAME	
STREET ADDRESS	14 BENT OAK	33 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	
NAME	STINGEL, JEFF	42 NAME	
STREET ADDRESS	115 VISTA BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	ARDEN NC	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

Frederick J. Stingel

2-4-98(704)654-8900

CR2E034 (10/97)