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

Block 12 or Block 13 if changed, or on an a

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** 98 APR 29 PH 2: 00 Secretary of State DIVISION OF CORPORATIONS 1998 SECHERAY OF STATE TALLAMESSEE, FLORIDA DOCUMENT # (1) M89215 C-4 CARBIDES, INC. Principal Place of Business Mailing Address P.O. BOX 4927 21903 US HWY, 19 N. CLEARWATER FL 34618 CLEARWATER FL 44625-33765 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1988 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address C4 CARBIDES, INC 59-2928592 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 21903 USHWY 19 N. Fee Required \$5.00 May Be City & State 6. Election Campaign Financing CLEAREMARK, FLORIDA Added to Fees Trust Fund Contribution 28 23 Country Country 8. This corporation owes or has paid the current year Intangible Zip 3376E Personal Property Tax due June 30. Yes 24 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM TUCKER, SARAH-K. 5580 OAKHURST DRIVE Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD 82 SEMINOLE FL 33772 83 84 MOBATHANA Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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 land accept the objections of, Section 607.05:05, Florida Statutes (100) SPEC ASST SIGNATURE XX (NUTE Regis n (instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DOHN B. CHINBERLAND DELETE 1.1 TITLE TITLE NICOLSON, PETER JOHN 1.2 NAME NAME 33 NEW ROAD 35 AYLESBY COURT 1.3 STREET ADDRESS STREET ADDRESS ESHER SURREY KTIO 9PC CHORLTON, MANCHESTER 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SECRETAR! TUCKER, SARAHIK KEVIN R. NAME 2.2 NAME 5580 OAKHURST DRIVE t ballard close 2.3 STREET ADDRESS STREET ADDRESS MILTON, CAMBRIDGE, CBU 6DW, **SEMINOLE FL** 2.4 CITY-ST-ZIP CITY - ST-ZIP **Y** Change Addition DELETE 31 TITLE VICE PRESIDENT TITLE ROBERT LI WICALSON NICOLSON, ROBERT LEONARD 3.2 NAME 9 SETCHELL CLASE, CRAVELY 9 SETCHELL CLOSE, GRAVELY **3.3 STREET ADDRESS** STREET ADDRESS HUNTINGDON UK **HUNNINGTON UK** 3 4. CITY - ST - ZIP CITY-ST-ZIP 500002512985---05/06/987-01036--016 ****150,00 *****150.0 DELETE 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS ****150.00 4.4 CITY-ST-ZIP CITY-ST-7/P Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 suppliemental and interport 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 refigiency of this store empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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