

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90112 021 ***150.00

DOCUMENT # P22483

1. Corporation Name
INDUSTRIALS CARBONS, INC.

Principal Place of Business

**900 ASHWOOD PARKWAY
SUITE 800
ATLANTA GA 30338**

Mailing Address

**900 ASHWOOD PARKWAY
SUITE 800
ATLANTA GA 30338**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1988

4. FEI Number

43-1181674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **1 ROYAL OAK AVENUE**
Suite, Apt. #, etc.

26 **1 ROYAL OAK AVENUE**
Suite, Apt. #, etc.

City & State

23 **ROSWEILL GA**
Zip Country

City & State

28 **ROSWEILL GA**
Zip Country

24 **30076** 25 **USA**

29 **30076** 30 **USA**

9. Name and Address of Current Registered Agent

**AUBIN, F. GENE
2897 WEST CYPRESS DRIVE
DUNNELLON FL 32630**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 607.0505, 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

TITLE **PTD** ☐ DELETE
NAME **KEETER, DAREN M.**
STREET ADDRESS **1821 VERMACK COURT**
CITY-ST-ZIP **DUNWOODY GA**

TITLE **VD** ☐ DELETE
NAME **KEETER, STEVEN J.**
STREET ADDRESS **235 HUNTER VIEW**
CITY-ST-ZIP **ROSWEILL GA**

TITLE **S** ☐ DELETE
NAME **CANTWELL, CLAY**
STREET ADDRESS **115 WEST ATLANTICE**
CITY-ST-ZIP **BRANSON MO**

TITLE **D** ☐ DELETE
NAME **CAREY, ROBERT G.**
STREET ADDRESS **2702 CHIMNEY SPRINGS DR**
CITY-ST-ZIP **MARIETTA GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4001 SOUTH DECATUR - UNIT 37-493**
2.4 CITY-ST-ZIP **LAS VEGAS NV 89103-5800**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **Robert G. Carey** **ROBERT G. CAREY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 (678) 461-3200

CR2E034 (1/98)