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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32957 (3)

1. Corporation Name
CARRIAGE INDUSTRIES, INC.

Principal Place of Business

P.O. BOX 12542
CALHOUN GA 30703

Mailing Address

P.O. BOX 12542
CALHOUN GA 30703-7010



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1991	3a. Date of Last Report 04/02/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 58-1075027	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 of officer or person named as 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	CEO	1.1 TITLE	
NAME	FRIERSON, DANIEL K	1.2 NAME	
STREET ADDRESS	110 SOUTH WATKINS STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	CHATTANOOGA TN	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	
NAME	BARLOW, PHILIP H	2.2 NAME	
STREET ADDRESS	185 S. INDUSTRIAL BLVD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	CALHOUN GA	2.4 CITY- ST- ZIP	
TITLE	VPS	3.1 TITLE	
NAME	QUIST, JAMES R	3.2 NAME	
STREET ADDRESS	185 S. INDUSTRIAL BLVD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	CALHOUN GA	3.4 CITY- ST- ZIP	
TITLE	VPM	4.1 TITLE	
NAME	BRYSON, KENNETH D.	4.2 NAME	
STREET ADDRESS	185 S. INDUSTRIAL BLVD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	CALHOUN GA	4.4 CITY- ST- ZIP	
TITLE	VT	5.1 TITLE	
NAME	LASATER, D. EUGENE	5.2 NAME	
STREET ADDRESS	100 SOUTH WATKINS STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	CHATTANOOGA TN	5.4 CITY- ST- ZIP	
TITLE	V	6.1 TITLE	
NAME	GROVES, WILLIAM G	6.2 NAME	
STREET ADDRESS	185 SOUTH INDUSTRIAL BLVD.	6.3 STREET ADDRESS	
CITY- ST- ZIP	CALHOUN GA	6.4 CITY- ST- ZIP	

14. I do 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:  Philip H. Barlow 3/24/97 (706) 629-9234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0477367

CR2E034 (9/96)