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Mar 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32957

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1991	
21		26		4. FEI Number 58-1075027	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

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	
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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIERSON, DANIEL K	12 NAME	
STREET ADDRESS	110 SOUTH WATKINS STREET	13 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	14 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLOW, PHILIP H	22 NAME	
STREET ADDRESS	185 S. INDUSTRIAL BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	CALHOUN GA	24 CITY-ST-ZIP	
TITLE	VPS <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUIST, JAMES R	32 NAME	GARY A. HARMON
STREET ADDRESS	185 S. INDUSTRIAL BLVD.	33 STREET ADDRESS	1100 S. WATKINS STR.
CITY-ST-ZIP	CALHOUN GA	34 CITY-ST-ZIP	CHATTANOOGA, TN 37404
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, WILLIAM N IV	42 NAME	
STREET ADDRESS	1100 S WATKINS ST	43 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37404	44 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASATER, D. EUGENE	52 NAME	
STREET ADDRESS	100 SOUTH WATKINS STREET	53 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	54 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, GLEEN A	62 NAME	
STREET ADDRESS	1100 S WATKINS ST	63 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37404	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, with all other like empowered

SIGNATURE:

Gary A. Harmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY A. HARMON

3/12/99
Date

423/493-7242
Telephone #

CR2E034 (11/98)