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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200009380 (6)

2655 6TH AVE 8	2655 6TH AVE S
ST PETERSBURG FL 33712	ST PETERSBURG FL S
Principal Place of Business	Mailing Address

FILED Jan 28 1998 8:00am Secretary of State

CONVEYOR INDUSTRIES CORPORATION					
001112		MINION			
Principal Plac	e of Business	Mailing Address			ENIO NATAO TITON NETE
2655 6TH AV		2655 6TH AVE 8			
ST PETERSB	URG FL 33712	ST PETERSBURG FL 33	712	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	701702
				12/03/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3166008	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional
22		27	<u> </u>	5. Commonly of Clarida District	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	T 0	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	9, Name and Address of Current	29 t Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	
VE		t ttograteres Agont	81 Name	10, Italio and Addiose of Itali Inglistore	u rigoni
VEI 604	RONA, JAY B. Spoentral ave - 7235-	-1st Avenue So	a. L		
	E-201-	100	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	PETERSBURG FL-33749 337	707	83		···
91.	retenobung re-				
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the above-named cor		
office or r	egistered agent, or both, in the State of th	of Florida, Such change was	authorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap-	opointment as registered
SIGNATURE					
10	Signature, typed or printed name of registered ager OFFICERS AND		E Registered Agent signature requ		UD DIDECTORS IN 40
12. Title	PD OF FIGURE AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	CHRISTENSEN, FRANTZ	La pocció	1.2 NAME		L) overlage Li vidovisii
STREET ADDRESS	2655 6TH AVE SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33712	•	1.4 CITY-ST-ZIP		Í
TITLE	VD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WELBY, TIMOTHY	_	2.2 NAME		
STREET ADDRESS	2655 6TH AVE SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33712		2. 4 CITY - ST - ZIP		
TITLE	Ď	☐ DELETE	3.1 TITLE		Change Addition
NAME	SCRIMAGER, TERRIELL		3.2 NAME		
STREET ADDRESS	9269 PRK BLVD. NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34647		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 BITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		,
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		Į
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.