

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 05 1998 8:00am
 Secretary of State



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
 1998

DOCUMENT # P97000019454 (2)
 1. Corporation Name
 CARBURETOR INJECTION SPECIALTY, INC.



Principal Place of Business Mailing Address
 7839 ULMERTON ROAD 7839 ULMERTON ROAD
 LARGO FL 33771 LARGO FL 33771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 02/25/1997
 4. FEI Number
 59-3422741 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 or has paid the current year Intangible
 Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 7945 ULMERTON RD. 22 Suite, Apt. #, etc.
 23 LARGO FL. 24 33771
 25 PINELLAS
 26 7945 ULMERTON RV. 27 Suite, Apt. #, etc.
 28 LARGO FL. 29 33771
 30 PINELLAS

9. Name and Address of Current Registered Agent
 BUCKLEW, GARY
 2737 ENTERPRISE STE 131
 CLEARWATER FL 34619

10. Name and Address of New Registered Agent
 81 Name GARY BUCKLEW
 82 Street Address (P.O. Box Number is Not Acceptable)
 2212 TONIWOOD LN.
 83
 84 City PALM HARBOR FL 85 Zip Code
 34685

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 *Gary W. Bucklew* GARY W. BUCKLEW 7-4-98
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D BUCKLEW, GARY	<input type="checkbox"/>
NAME	2737 ENTERPRISE STE 131	
STREET ADDRESS	CLEARWATER FL 34619	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	GARY BUCKLEW		
1.3 STREET ADDRESS	2212 TONIWOOD LN,		
1.4 CITY-ST-ZIP	PALM HARBOR FL 34685		
2.1 TITLE	SECRETARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	BEVERLY BUCKLEW		
2.3 STREET ADDRESS	2212 TONIWOOD LN,		
2.4 CITY-ST-ZIP	PALM HARBOR FL 34685		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	600002609326	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	-08/06/98--01053--005		
5.3 STREET ADDRESS	***150.00		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.
 SIGNATURE: *Gary W. Bucklew* 7-4-98 727-530-3660

CR2E034 (5/98)

(2)

7945 Ulmerton Road
Largo, Fl. 33771
July 6, 1998
RE: Carburetor Injection Specialty, Inc.

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Division of Corporations:
Subject: Past due Annual Report

Enclosed please find my completed annual report for a Florida Corporation. Also enclosed is the normal filing fee of \$150.00. I spoke with a representative of your department and was told the late fee could possibly be waived if my report was filed immediately with the normal filing fee.

I am a new corporation, and have never been made aware that the annual report was even necessary. I never received the first notice, and since I have never paid it before (I have been a corporation only 1 year) I had no knowledge of my past due status at all. Thank you in advance for your consideration. Please contact me immediately if you have any questions. My phone during business hours is (727) 530-3660.

Best regards,

Gary W. Bucklew, President



Carburetor Injection Specialty, Inc.