PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000035498**1. Corporation Name

CONSOLIDATED CARBONIC, INC.

Principal Place of Business	, Mailing Address
1610 S. DIVISION AVE.	1610 S. DIVISION AVE.
ORLANDO FL 32801	ORLANDO FL 32801

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90136 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					04/16/1998			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-3515568	*Not Applicable*		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Cortifoato of Status Desired	75 Additional		
22		27			Fe	e Required		
City & Stat	City & State City & State			·	00 May Be			
23		28			Trust Fund Contribution Add			
Zip	Country	Zip Country			8. This corporation owes the current year Intangible	□No		
24	25	29 30			Personal Property Tax. Yes	resoluti repetty rex.		
Name and Address of Current Registered Agent				81 Name	10. Name and Address of New Registered Agent			
KDOT CEDMICEC INC				81 Name KG&L SERVICES, INC.				
KP&L SERVICES, INC.				82 Street Address (P.O. Box Number is Not Acceptable)				
390 N. ORANGE AVE., SUITE 600				390 N. Orange Ave., Suite 600				
ORL	ANDO FL 32801			83				
				84 City	85	Zip Code		
				[] (Orlando FL 3	32801		
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 r								
office or registered copy of 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 family will and face the boligations of, Section 607.0505, Florida Statutes.								
The first the state of the stat								
SIGNATURE	Signature, typed or printed parts or registered agent				equired when reinstating) DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE			
TITLE	C/CEO/D	DELETE 1.1 TI		LE	☐ Cha	inge		
NAME	John W. Hinely	1.2 N		ME		ĺ		
STREET ADDRESS			1.3 ST	REET ADDRESS	•			
CITY-ST-ZIP	Orlando, FL 32801		1.4 CI	Y-ST-ZIP				
TALE	P/COO/T/D	☐ DELETE	2.1 TIT	LE	Cha	inge		
NAME	Herbert V. Hinely		2.2 NA	ME				
STREET ADDRESS			2.3 ST	REET ADDRESS	. المستقيدة بدار الأماميد الدالي <u>نديد ميكيد ما الماميد المامي</u> الكام	· · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	Orlando, FL 32801		2. 4 CI	TY-ST-ZIP				
TITLE	S/D DELETE 3.11		3.1 TIT	LE	☐ Cha	inge 🔲 Addition		
NAME			3.2 NA	ME	•	ļ		
STREET ADDRESS	ADDRESS 1610 S. Division Ave.			REET ADDRESS		}		
CITY-ST-ZIP	Orlando, FL 32801		3.4. CI	TY-ST-ZIP	·			
TITLE		☐ DELETE	4.1 TR	LE	□ Cha	ange		
NAME			4. 2 N	ME				
STREET ADDRESS			4.3 ST	REET ADDRESS		ļ		
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP				
TITLE	DELETE 5.1 TO		LE	☐ Cha	inge Addition			
NAME	}		5.2 NA	ME		ĺ		
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE	r		6.1 TiT	LE	☐ Cha	ange [] Addition		
NAME	-	_ · - ·	6.2 NA	ME				
STREET ADDRESS	* *		6.3 ST	REET ADDRESS		\		
	'l / / / / /	,		Y-ST-ZIP				
CITY-ST-ZIP			0.701	1 - 411				

14. I hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this appearance of supplemental annual report is true and adcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corperation or the receiver or trustee en flowering to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 10 or an attachment with an address my afformation that I am an address my afformation that I am an address my afformation state of the corperation of the corperatio

SIGNATURE: