

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005383 (5)**

1. Corporation Name

WINTER INDUSTRIAL SERVICES, INC.



Principal Place of Business

530 MEANS ST.
SUITE 100
ATLANTA GA 30318

Mailing Address

530 MEANS ST.
SUITE 100
ATLANTA GA 30318

3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 04/24/1995
4. FEI Number 58-2077668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REID, S. BRENT	
STREET ADDRESS	530 MEANS ST., N.W.	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADERHOLD, JOHN	
STREET ADDRESS	530 MEANS ST., N.W.	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERMAN, ROBERT L	
STREET ADDRESS	530 MEANS ST., N.W.	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, ARNOLD P	
STREET ADDRESS	530 MEANS ST., N.W.	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	191 Pine Lake Drive, N.W.	
4. CITY-ST-ZIP	Atlanta, GA 30327	
2. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS	870 Fairfield Road	
24. CITY-ST-ZIP	Atlanta, GA 30327	
3. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS	2412 ALTON Road, N.W.	
34. CITY-ST-ZIP	Atlanta, GA 30305	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	Reid, Brad	
53. STREET ADDRESS	5727 Fairley Hall Court	
54. CITY-ST-ZIP	Norcross GA 30092	
6. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	Sean Durkin	
63. STREET ADDRESS	4470 May Apple Drive	
64. CITY-ST-ZIP	Alpharetta, GA 30202	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *S. Mortnam* - Asst. Controller **6/01/96** 404 583-0888
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)