

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F93000005383 (5)
 1. Corporation Name
WINTER INDUSTRIAL SERVICES, INC.



Principal Place of Business 1900 EMERY STREET 300 ATLANTA GA 30318 US	Mailing Address 1900 EMERY STREET 300 ATLANTA GA 30318 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:	2a. Mailing Address:
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/29/1993	
4. FEI Number 58-2077668	Applied For <input type="checkbox"/>
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, S. BRENT		12 NAME
STREET ADDRESS	191 PINE LAKE DR NW		13 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA 30327		14 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, ROBERT L		22 NAME
STREET ADDRESS	2412 ALTON RD NW		23 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA 30305		24 CITY-ST-ZIP
TITLE	PD	<input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, BRAD		32 NAME
STREET ADDRESS	5727 FAIRLEY GALL COURT		33 STREET ADDRESS
CITY-ST-ZIP	NORCROSS GA 30092		34 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURKIN, SEAN		42 NAME
STREET ADDRESS	4470 MAY APPLE DRIVE		43 STREET ADDRESS
CITY-ST-ZIP	ALPHARETTA GA 30202		44 CITY-ST-ZIP
TITLE	AS	<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAUDON, CARTER		52 NAME
STREET ADDRESS	1346 SHEFFIELD GLEN WAY		53 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA		54 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			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.

CR2E034 (10/97)