


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

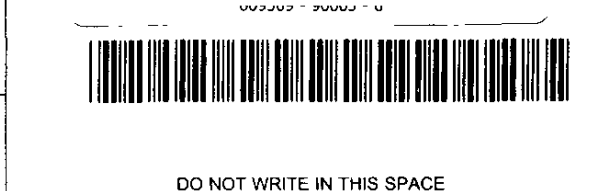
FILED
Aug 25, 1999 8:00 am
Secretary of State
 08-25-1999 90003 006 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005383
 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
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2. Principal Place of Business 21 1330 Spring St NW Suite, Apt. #, etc. 22	2a. Mailing Address 26 1330 Spring St NW Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 11/29/1993
23 Atlanta GA City & State	28 Atlanta GA City & State	4. FEI Number 58-2077668 Applied For Not Applicable
24 30309-2810 25 USA Zip Country	29 30309-2810 30 USA Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, S. BRENT	1.2 NAME	
STREET ADDRESS	191 PINE LAKE DR NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30327	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, ROBERT L	2.2 NAME	
STREET ADDRESS	2412 ALTON RD NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, BRAD	3.2 NAME	
STREET ADDRESS	5727 FAIRLEY GALL COURT	3.3 STREET ADDRESS	5727 Fairley Hall Court
CITY-ST-ZIP	NORCROSS GA 30092	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURKIN, SEAN	4.2 NAME	Secretary/Treasurer
STREET ADDRESS	4470 MAY APPLE DRIVE	4.3 STREET ADDRESS	Mitch Paul
CITY-ST-ZIP	ALPHARETTA GA 30202	4.4 CITY-ST-ZIP	4415 Glengary Drive
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAUDON, CARTER	5.2 NAME	Asst. Secretary
STREET ADDRESS	1346 SHEFFIELD GLEN WAY	5.3 STREET ADDRESS	Lisa Painter
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	1931 Rugby Ave.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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.

SIGNATURE: *Lisa Painter* **REID/Paul** *8/17/99* **(404) 588-0488**

CR2E034 (5/99)