

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13659 (8)
 1. Corporation Name
WILLIAMS INDUSTRIAL SERVICES, INC.



Principal Place of Business 2075 WEST PARK PLACE STONE MOUNTAIN GA 30087	Mailing Address C/O IVOR LONGO, ESO. 2076 WEST PARK PLACE STONE MOUNTAIN GA 30087
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1987	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 58-1529405	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		25. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. 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	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, JERRY R		1.2 NAME	Michael W. Phelan	
STREET ADDRESS	2075 W PARK PLACE		1.3 STREET ADDRESS	2075-E West Park Place	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		1.4 CITY-ST-ZIP	Stone Mountain, GA 30087-3533	
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President & S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRDSONG, JEFFREY W		2.2 NAME	Scott L. Duffy	
STREET ADDRESS	2075 PARK PLACE		2.3 STREET ADDRESS	2075-E West Park Place	
CITY-ST-ZIP	STONE MOUNTAIN GA		2.4 CITY-ST-ZIP	Stone Mountain, GA 30087-3533	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JR. WILLIAMS, J.M.		3.2 NAME	Roy Michaelson	
STREET ADDRESS	2076 WEST PARK PLACE		3.3 STREET ADDRESS	2075-E West Park Place	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		3.4 CITY-ST-ZIP	Stone Mountain, GA 30087-3533	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JERALD H		4.2 NAME	Virgil R. Williams	
STREET ADDRESS	2075 WEST PARK PLACE		4.3 STREET ADDRESS	2076 West Park Place	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		4.4 CITY-ST-ZIP	Stone Mountain, GA 30087-3533	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 authorized 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: *M.W. Phelan* **M.W. Phelan, President 2-11-98 (770) 4134891**

CFR2E034 (1097)