

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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90146 033 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P13659

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, ESQ. 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 2076 West Park Place	26	4. FEI Number 58-1529405		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Stone Mountain, GA	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 30087	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <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				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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHELAN, MICHAEL W		1.2 NAME R. E. Conway	
STREET ADDRESS 2075-E W PARK PLACE		1.3 STREET ADDRESS 2076 W. Park Place	
CITY-ST-ZIP STONE MOUNTAIN GA 30087-3533		1.4 CITY-ST-ZIP Stone Mountain, GA 30087	
TITLE VPS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUFFY, SCOTT L		2.2 NAME William Y. Brown	
STREET ADDRESS 2075-E W PARK PL		2.3 STREET ADDRESS 2076 W. Park Place	
CITY-ST-ZIP STONE MOUNTAIN GA 30087-3533		2.4 CITY-ST-ZIP Stone Mountain, GA 30087	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JR. WILLIAMS, J.M.		3.2 NAME	
STREET ADDRESS 2076 WEST PARK PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP STONE MOUNTAIN GA 30087		3.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAELSON, ROY		4.2 NAME	
STREET ADDRESS 2075-E W PARK PL		4.3 STREET ADDRESS	
CITY-ST-ZIP STONE MOUNTAIN GA 30087-3533		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, VIRGIL R		5.2 NAME	
STREET ADDRESS 2076 W PARK PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP STONE MOUNTAIN GA 30087-3533		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 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, with all other like empowered.

SIGNATURE: *R. E. Conway* **REQUIRED** 3/29/99 770-879-4336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)