

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 832913 (8)

1. Corporation Name

INDUSTRY GENERAL CORPORATION



Principal Place of Business

5384 POPLAR AVE #500
P.O. BOX 17221
MEMPHIS TN 38119

Mailing Address

5384 POPLAR AVE #500
P.O. BOX 17221
MEMPHIS TN 38119

3. Date Incorporated or Qualified
08/21/1974

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

62-0869811

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

JAN 17 1996

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature of agent or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

1.1 TITLE

NAME
DAVENPORT, W.H.
STREET ADDRESS
1255 HAYNE RD.
CITY-ST-ZIP
MEMPHIS TN

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE
STD
NAME
PORTMAN, D.L.
STREET ADDRESS
1741 N. PARKWAY
CITY-ST-ZIP
MEMPHIS TN

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
VD
NAME
RONE, JAMES
STREET ADDRESS
5384 POPLAR
CITY-ST-ZIP
MEMPHIS TN

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
VD
NAME
BOSCACCY, MICHAEL
STREET ADDRESS
5384 POPLAR AVE #500
CITY-ST-ZIP
MEMPHIS TN

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7.1 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

8.1 TITLE
82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DAVENPORT, W.H., President

1-18-95

901-682-3314

Date

Daytime Phone #

CR2E034 (12/95)