

5-8-97 B-6640 C
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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # F93000005383 (5)

1. Corporation Name
WINTER INDUSTRIAL SERVICES, INC.

Principal Place of Business

530 MEANS ST.
SUITE 100
ATLANTA GA 30318

Mailing Address

530 MEANS ST.
SUITE 100
ATLANTA GA 30318-5783



3. Date Incorporated or Qualified
11/29/1993

3a. Date of Last Report
06/21/1996

4. FEI Number
58-2077668

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

2. Principal Place of Business

21 1400 Emory Street

Suite, Apt. #, etc.

22 300 (Suite)

City & State

23 Atlanta GA

Zip

24 30318

Country

25 USA

2a. Mailing Address

26 1900 Emory Street

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Atlanta GA

Zip

29 30318

Country

30 USA

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

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME REID, S. BRENT
STREET ADDRESS 191 PINE LAKE DR NW
CITY- ST- ZIP ATLANTA GA 30327

TITLE D ☒ DELETE

NAME ADERHOLD, JOHN
STREET ADDRESS 870 FAIRFIELD RD
CITY- ST- ZIP ATLANTA GA 30327

TITLE D ☐ DELETE

NAME SILVERMAN, ROBERT L
STREET ADDRESS 2412 ALTON RD NW
CITY- ST- ZIP ATLANTA GA 30305

TITLE PD ☐ DELETE

NAME REID, BRAD
STREET ADDRESS 5727 FAIRLEY GALL COURT
CITY- ST- ZIP NORCROSS GA 30092

TITLE D ☐ DELETE

NAME DURKIN, SEAN
STREET ADDRESS 4470 MAY APPLE DRIVE
CITY- ST- ZIP ALPHARETTA GA 30202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

AS
Carter Jaudon
1346 Sheffield Glen way
Atlanta GA 30329

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

404-588-0288

Daytime Phone #

0011707

CR2E034 (9/96)