SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Aug 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500004002 (0)

JOHNSON INDUSTRIAL SERVICES, INC.

JOHNSON INDUSTRIAL SERVICES, INC.														
Principal Pla	ce of Busines	\$		Mailing Address							(60 111 20 (1)	ı Beini eleki fêlili B	DIAN II DI ARDA	
3309 HIGHW	/AY 31			3309 HIGHWAY 31										
CALERA AL	35040			CALERA AL 35040							DO NOT IND	PE INLE	NO COACE	
										DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report				
										08/18/19		, Jan	05/01/1996	, .
2. Principa!	Place of Busi	ness	2a. Mailing Address						4. FEI Numbe				pplied For	
21			į.	26						63-114	19778			ot Applicable
Suite, Api	t. #, etc.			Suite, Apt. #, etc.							of Status Desired	П	\$8.75	Additional
22				27										equired
City & Sta	ale			City & State							mpaign Financing Contribution	' D		May Be
	Zip Country			Zip Cou			intry		Trust Fund Contribution LJ Added to Fees 8. This corporation owes or has paid the current year Intangible					
24		25		29		30	ĺ				operty Tax due Ju			No No
	9. Name	and Addres	egistered Age	Istered Agent					10. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 81 Name														i
12					Street	Addres	s (P.O. Box Nun	mber is Not Accep	table)					
PL	ANTATION.	FL 33324					83	·-···					·····	
												<u></u>		
							84	City				F	85 Zip	Code
11. Pursuan	t to the provis	ions of Section	ns 607,0502 ar	nd 607, 1508, F	lorida Statu	les, the al	DOVE d by	-named	d corpor	ration submits the	is statement for th ctors. I hereby ac	e purpos	e of changing i	its registered
agent. I	am familiar w	ith, and accep	nt the obligation	ns of, Section	607.0505, FI	lorida Stat	ules	ine co.	poration	irs board of dire	ciois. Thereby aci	Jopt tre t	арронинен аз	s registered
SIGNATURE	A									when reinstating)			<u></u>	
12.	Signature, typed		FICERS AND DI		(NO	18: Hagistore	a Agei	m signatur	re required		CHANGES TO OF	EICERS A	-	RS IN 12
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CITY-ST-ZIP	CALERA	AL 35040				1.4 CI	1Y-S	1-7IP	C	Reference Company	INCURSE CONSCIONATE	234233		
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NAME						2.2 N/	ME			7	323	ノー		
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CITY-ST-ZIP	 				T DECES	5.4 CI		i - ZiP						
TITLE				L.] DELETE	6.1 Til							L Change	Addition
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STREET ADDRESS	1							ADDRESS						
CITY-ST-ZIP	aby cartify the	t the informat	ion supplied wit	th this filing de	ons not qual	6.4 CI			stated in	Section 119 07	(3)(i), Florida Stati	ites Hur	ther certify that	the
informati	ion indicated	on this annua	roport or supp	lemental annu	ial report is t	true and a	iccu	rate and	d that m	ny signature shah	have the same le	egal effec	it as if made ur	ider oath: that

8-22-97