2000 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2000 8:00 al DOCUMENT # F9500004002 **Secretary of State** JOHNSON INDUSTRIAL SERVICES, INC. 02-07-2000 90034 042 ***158.75 Mailing Address Principal Place of Business 3309 HIGHWAY 31 3309 HIGHWAY 31 CALERA AL 35040-5155 80013803 CALERA AL 35040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Αρρίίος 4. FEI Number City & State City & State Not. \$8.75 Additiona Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 .. Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to 7 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN I OFFICERS AND DIRECTORS 11. President Delete TITLE JOHSON, JOE F NAME NAME Highway 31 STREET ADDRESS 3309 HIGHWAY 31 STREET ADDRESS era; AL 35040 CITY-ST-ZIP CALERA AL 35040 CITY-ST-ZIP Secretary/Treasurer Barbara Weldon ☐ Change ☐ Defete TITLE TITLE NAME 3309 Nighway 31 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 indicated on this report or supplemental 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 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 11 or changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR