PROFIT
CORPORATION
ANNUAL REPORT
1999

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700000112

SOUTHERN INDUSTRIAL SERVICES OF MS INC.

Principal Place of Business Mailing Address
303 VICTORY RD PO BOX 2295
LAUREL MS 39440 LAUREL MS 39442
US

2a. Mailing Address

## FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90031 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

01/08/1997

4. FEI Number

21	- <del>-</del>	26			64-0873827	<u> </u>	Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.	75 Additional	
22					5. Certificate of Status Desired		e Required	
City & State City & State					6. Election Campaign Financir	ng <b>¢</b> 5	00 May Be	
23 28					Trust Fund Contribution	·     • • • •	ded to Fees	
Zip Country Zip			Country					
24 25 29 30				Personal Property Tax. ☐ Yes ☑ No				
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
PDANIJAM CLOPIA				81 Name				
BRANHAM, GLORIA J 7417 MAYAPPLE RD S SERVICES COMMON TO SERVICE SERV				82 Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32211				out of Address (1.0. Box Number is Not Acceptable)				
UNDINOUNVILLE PL 32211				83				
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and the same	\$. F.		84	,	and the case of a part of a		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								
The purpose of changing its registered agent, or both, in the State of Florida, Such changes 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 reinstation):								
12.	OFFICERS ANI	DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO C		CTORS IN 12	
TITLE	CP	☐ DELETE	1.1 TITLE		5 400 (32)	☐ Char		
NAME	HARRINGTON, JAMES E		1.2 NAME		* * * * * * * * * * * * * * * * * * *	_		
STREET ADDRESS 48 COUNTRY PARK CIRCLE			1.3 STREET	ADDRESS				
CITY-ST-ZIP	PETAL MS 39465		1.4 CITY-ST	-73P				
TITLE	SD	☐ DELETE	2.1 TITLE			[] Chan	ge Addition	
NAME	HAMMOND, BILL W		2.2 NAME		•	[]	go [] / Addition	
STREET ADDRESS			2.3 STREET	ADORESS			-	
CITY-ST-ZIP	LAUREL MS 39440	يون ۾ جو يعدي پوي	2. 4 CITY-ST					
TITLE 2000 A	LAUREL MS 39440	A Modern → □ DELETE	3.1 TITLE			☐ Chan	ge [] Addition	
NAME	PROPERTY OF STREET		3.2 NAME				ge [_] Addition ]	
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TITLE		☐ DELETE	4.1 TITLE				ge Addition	
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STREET ADDRESS	(M) (Mag)		4.3 STREET	ADDRESS				
CITY-ST-ZIP		<b>)</b>	4.4 CITY-ST-				1	
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NAME \$319	FIREGRADIA AND CANAS		6.2 NAME	[			le ☐ Addition	
STREET ADDRESS	<b>阿拉伯尔</b> 斯特		6.3 STREET A	DDRESS			.	
CITY-ST-ZIP	<b>S</b> ()		6.4 CITY-ST-					
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Thereby 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 copporation 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

GMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 601- 425-500 Pate Davine Phone # CR2E034:(11/98)