## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700000243

1. Corporation Name

BROCK INDUSTRIAL SERVICES, INC.

Principal	Place	of	Business

Mailing Address

## Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90065 030 \*\*\*150.00



1670 E. CARDINAL DRIVE BEAUMONT TX 77705	1670 E. CARDINAL DRIVE BEAUMONT TX 77705		DO NOT WRITE IN THIS SP	PACE	
			3. Date Incorporated or Qualifed 01/15/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1	26		76-0517185	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt, #, etc.			\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country  4 25	Zip Cc 29 30	ountry	8. This corporation owes the current year Intang Personal Property Tax.	jible ]Yes □No	
9. Name and Address of	Current Registered Agent		10. Name and Address of New Registered Age	ent	
C T CORPORATION SYSTEM		81 Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL.	85 Zip Code	
office or registered agent, or both, in the	607.0502 and 607.1508, Florida Statutes, the state of Florida. Such change was authorize splitted from 607.0505. Florida State of Section 607.0505. Florida State of Section 607.0505.	ed by the corpor	orporation submits this statement for the purpose of cha ation's board of directors. I hereby accept the appointm	anging its registered ent as registered	

agent 1 am tammar with and described of described of the configuration o							
SIGNATURE Signature, typed 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	CD DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	BROCK, BRADEN	1.2 NAME					
STREET ADDRESS	1670 E CARDINAL DRIVE	1.3 STREET ADDRESS					
CITY-ST-ZIP	BEAUMONT TX	1.4 CITY-ST-ZIP					
TITLE	VD DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	BROCK, TODD	2.2 NAME					
STREET ADDRESS	1670 E CARDINAL DRIVE	-2.3 STREET ADDRESS	للما الوابليون المرابد للما المعطرة يضالينيه والما للما يتبد للمدير ال				
CITY-ST-ZIP	BEAUMONT TX	2. 4 CITY-\$T-ZIP					
IUTE	D DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME	BOURQUEIN, LORIN	3.2 NAME					
STREET ADDRESS	1670 E CARDINAL DRIVE	_33 STREET ADDRESS					
CITY-ST-ZIP	BEAUMONT TX	3.4. CITY-ST-ZIP					
TITLE	S DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME	SMITH, PHIL	4.2 NAME					
STREET ADDRESS	1670 E CARDINAL DRIVE	4.3 STREET ADDRESS					
CITY-ST-ZIP	BEAUMONT TX	4.4 CITY-ST-ZIP					
TITLE	P DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME	CHILDRESS, RALPH	5.2 NAME	•				
STREET ADDRESS	450 PARIS DRIVE	5.3 STREET ADDRESS	ar.				
CITY-ST-ZiP	LAWRENCVILLE GA	5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	Change Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CiTY-ST-ZIP		6.4 CITY-ST-ZIP					

14. 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 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 a state thment with an address, with all other like empowered.

**SIGNATURE:** 

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR