## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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|------|---|---|---|---|--|
| <br> | • |   | _ |   |  |

DOCUMENT #

K68138

(2)

| INDUS                                | trial support speciali   | STS, INC.  |  |   |   |
|--------------------------------------|--|--|--|---|---|
| Principal Place                      | of Business  | Mailing Address  |  | e annihite did nitht helbt allen till   | r itti gibil didir tibil dibil dibil bidir itti |
| 4281 BRIGHT<br>PENSAGOLA             |  | 4281 BRIGHTON DR<br>PENSACOLA FL 32504   | ļ  |   |   |
|                                      |  |  |  | 3. Date Incorporateo or Qualified 02/24/1989  | 3a. Date of Last Report 06/20/1995              |
| 2. Principal Place 21                | ce of Business   | 2a. Mailing Address<br>26  |  | 4. FEI Number<br><b>59-2934990</b>  | Applied For Not Applicable                      |
| Suite, Apt. #                        | , etc  | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                  |
| Orty & State                         |  | City & State   |  | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees                  |
| Zip<br><b>24</b>                     | Country 25   | Ζιρ<br><b>29</b>   | Country<br>30  | 8. This corporation has liability for in Florida Statutes   | ntangible tax under s 199.032,<br>☐ No          |
|                                      | 9. Name and Address of Currer  | t Registered Agent   |  | 10. Name and Address of New R   | egistered Agent                                 |
| 4281 BR                              | RT, LAWRENCE G<br>HIGHTON DR<br>COLA FL 32504  |  | 83   | ddress (P.O. Box Number is Not Acceptab   |   |
|                                      |  |  | 84 Orty  |   | FL 85 Zip Code                                  |
| or registere                         | o the provisions of Sections 607.0502<br>Id agent, or both, in the State of Florio<br>,, and accept the obligations of, Sect | da. Such change was authorize  | ed by the corporation's b                            | poration submits this statement for the pur<br>oard of directors. Thereby accept the appo   | pose of changing its registered office          |
|                                      | Signature, typed or pented name of rejectors Lago 3  | A STATE OF THE STA | E. Bogesteverl Agent's grant of o.                   |   | DAT:  |
| 12.                                  | OFFICERS AN  |  | 13.  | ADDITIONS/CHANGES TO OFFI   |   |
| TITLE                                | D<br>Stewart, Lawrence Gor   | DELETE   | I THILE  |   | Change Addition                                 |
| NAME                                 | 4281 BRIGHTON DR.  | DEN  | 1.2 NAME   |   |   |
| STREET ADDRESS<br>CITY+ST+ZIP        | PENSACOLA FL   |  | 1.3 STREET ADDRESS<br>1.4 CITY - ST- ZIP             |   |   |
| TITLE                                | DVPS   | DELETE   | 2 1 tillE  |   | Change Addition                                 |
| NAME                                 | STEWART, REVONDA E.  |  | 2.2 NAME   |   |   |
| STREET ADDRESS                       | 4281 BRIGHTON DR.  |  | 2.3 STREET ADDRESS                                   |   |   |
| CITY-SI-ZI2                          | PENSACOLA FL   |  | 2.4 CI*Y - ST - ZIP                                  |   |   |
| TITLE                                |  | Delete   | 3 1 THTLE  |   | Change Addition                                 |
| NAME                                 |  |  | 3.2 NAME   |   |   |
| STREET ADDRESS                       |  |  | 3.3 STREET ADDRESS                                   |   |   |
| CITY+ST-ZI <sup>2</sup>              |  |  | 3.4 CITY - \$1 - ZIP                                 |   | <u> </u>  |
| TITLE                                |  | □ DELETE   | 4 1 TITLE  |   | Change Addition                                 |
| NAME<br>OTOSET ADDRESSS              |  |  | 4 2 NAME   |   |   |
| STREET ADDRESS                       |  |  | 4.3 STREE! ADDRESS                                   |   |   |
| CITY - ST - ZI <sup>2</sup><br>TITLE |  | DELETE   | 4.4 CITY - ST - ZIP<br>5.1 TITLE                     |   | Change Addition                                 |
| NAME                                 |  | Poetric  | 5.2 NAME   |   | C change C Addition                             |
| STREET ADDRESS                       |  |  | 5.3 STREET ADDRESS                                   |   |   |
| CITY-ST-212                          |  |  | 5.4 CITY - \$1 - 7IP                                 |   |   |
| TITLE                                |  | ☐ DELETE   | 6 1 TillE  |   | Change Addition                                 |
| NAME                                 |  | _  | 6.2 NAME   |   |   |
| STREET ADDRESS                       |  |  | 6.3 STREE! ADDRESS                                   |   |   |
| CITY - ST - ZIP                      |  |  | 6.4 CITY - ST - ZIP                                  |   |   |
| certify that oath, that I            | the information indicated on this annu   | ist report or supplemental anni<br>ration or the resever or truster  | ual report is true and acc<br>a empowered to execute | y for the exemption stated in Section 119,<br>urate and that my signature shall have the<br>this report as required by Chapter 607, Fix | same legal effect as if made under              |

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904/432-1974