SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sanora B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (8)DOCUMENT # L82616 JOE'S MOBILE INDUSTRIAL SERVICES. INC. Mailing Address Principal Place of Business C/O JOSEPH TELFORD KING C/O JOSEPH TELFORD KING 330 NW 126TH ST. 330 NW 126TH ST. NORTH MIAMI FL 33168 NORTH MIAMI FL 33168 3a. Date of Last Report Date Incorporated or Qualified 06/21/1990 05/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0204884 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199 032 Country Zip Country Florida Statutes Yes No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KING, JOSEPH TELFORD Street Address (P.O. Box Number is Not Acceptable) 82 330 NW 126TH ST. NORTH MIAMI FL 33168 83 85 Zip Code 84 City 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 office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Fug stored Agent signal neinequired when resistating) Signature: type-I or printed have of registered agent and title 1 applicable (36/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME KING. JOSEPH TELFORD NAME 330 NW 126TH STREET STREET ADDRESS 1.3 STREET ADDRESS NO MIAM! FL 1.4 C+TY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 2 : TITLE VP THILE KING, CLARA B 2.2 NAME NAME 330 NW 126TH STREET 2.3 STREET ADDRESS STREET ADDRESS NO MIAMI FL 2 4 CHTY ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CITY-ST-7IP Change Addition DELETE 4.1 HILE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TIFLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition 6 t lill E DELETE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS € 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 it 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 617. Florida Statutes, and that my name appears in Brock 12 or Brock 13 if changed, or on an attachment with an address CITY-ST-ZIP

7-24-96