2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085672

Title:

Name:

Address: City-St-Zip: () Delete

6690-1 COLUMBIA PARK DRIVE

JACKSONVILLE, FL 32258

MOLINE, TODD

FILED Jan 27, 2004 Secretary of State

Entity Name: INDUSTRIAL EQUIPMENT SERVICES CORP. **Current Principal Place of Business: New Principal Place of Business:** 6690-1 COLUMBIA PARK DRIVE JACKSONVILLE, FL 32258 **Current Mailing Address: New Mailing Address:** 6690-1 COLUMBIA PARK DRIVE JACKSONVILLE, FL 32258 FEI Number: 69-3671433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOLINE, MICHAEL T VICE PR MILLER, LAMAR 6690-1 COLUMBIA PARK DRIVE 6690-1 COLUMBIA PARK DRIVE JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 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: MICHAEL T. MOLINE 01/27/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MILLER, LAMAR Name: Name: 6690-1 COLUMBIA PARK DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: MARI, TOM Name: EDWARDS, BRENT 6690-1 COLUMBIA PARK DRIVE 6690-1 COLUMBIA PARK DRIVE Address: Address: JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL T. MOLINE V 01/27/2004

() Change () Addition