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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -3 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000102454

1. Corporation Name

M S INDUSTRIAL CORPORATION

600074508066
05/12/06--01009--003 **300.00

CR2E081 (12/05)

2. Principal Office Address 2730 MINE & MILL ROAD		3. Mailing Office Address 2730 MINE & MILL ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND FLORIDA		City & State LAKELAND FLORIDA	
Zip 33801	Country POLK	Zip 33801	Country POLK

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 35 2180246 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HAROLD E. KERSEY

Street Address (P.O. Box Number is Not Acceptable)
2730 MINE & MILL ROAD

Suite, Apt. #, Etc.

City
LAKELAND FLORIDA

State
FL

Zip Code
33801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Harold E. Kersey* Date 4/27/2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	BEN SHERROD	2730 MINE & MILL ROAD	LAKELAND FLORIDA 33801
S	WILMA MORRIS	2730 MINE & MILL ROAD	LAKELAND FLORIDA 33801

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Harold E. Kersey* 4/27/2006 8636656233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #