

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000071680 (1)**

1. Corporation Name

**INDUSTRY CONSULTING SERVICES, INC.**



Principal Place of Business

7328 POINT OF ROCKS RD  
SARASOTA FL 34242

Mailing Address

7328 POINT OF ROCKS RD  
SARASOTA FL 34242

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**PARKER, THEODORE**  
**2033 MAIN ST**  
**STE 100**  
**SARASOTA FL 34237**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.07(1) and 607.08(1)(b), Florida Statutes, this document is submitted 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. I am familiar with, and accept the obligations of, Section 607.07(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE  DELETED

NAME **PARKER, THEODORE**

STREET ADDRESS **7328 POINT OF ROCKS RD**

CITY-STATE-ZIP **SARASOTA FL**

TITLE  DELETED

NAME **MOORE, DEBORAH A**

STREET ADDRESS **7328 POINT OF ROCKS RD**

CITY-STATE-ZIP **SARASOTA FL**

TITLE  DELETED

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE  DELETED

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE  DELETED

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE  DELETED

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

1. NAME **VP**

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. NAME **Pres / D / Sec / Treas.**

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. NAME

10. STREET ADDRESS

11. CITY-STATE-ZIP

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. NAME

16. STREET ADDRESS

17. CITY-STATE-ZIP

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. NAME

22. STREET ADDRESS

23. CITY-STATE-ZIP

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

27. NAME

28. STREET ADDRESS

29. CITY-STATE-ZIP

14. I do hereby certify that the information reported on this annual report or biennial annual report is true and correct 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 trustee or partner employed by a subsidiary corporation required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached card with an address.

SIGNATURE *Deborah A. Moore* **Deborah A. Moore**

**9-10-96 941-349-1180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)