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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90011 040 ***150.00

DOCUMENT #	P93000073778
Corporation Name	1 00000010110

1	INDUSTRIAL SERVICES INC	•					
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258 SEAVIEW	AVE.	258 SEAVIEW AVE.			, in the second		
DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118							
•					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed	•	
O Data da al E	Place of Business	. Mailine Address			10/18/1993		
<u> </u>	Place of Business	2a. Mailing Address			4, FEI Number	}	plied For
21 Suite, Apt.	# oto	Suite, Apt. #, etc.			59-3200566		t Applicable
	. #, e.c.	<u> </u>		•	5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Star	to ·	City & State					<u> </u>
23	ie	⊢ '			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	28	Country		· 		o rees
24	25	· -	30		 This corporation owes the current year Personal Property Tax. 		□No ·
	9. Name and Address of Current		331	•	10. Name and Address of New Registe		
			81	Name			•
, DICK	KINSON, ROBERT P II	*	-		····		
	SEAVIEW AVE.	•	82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	TONA BEACH FL 32118	•	83				5. S41.
		•	84	City.		FI 85 Zip €	Code
11 Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statute	s the above	-named corp		• 🛏 ।	registered
office or a	registered agent, or both, in the State of	of Florida. Such change was au	thorized by	the corporation	poration submits this statement for the purpos on's board of directors. I hereby accept the a	ippointment as rec	gistered
agent.ιa	am familiar with, and accept the obligati	ions of, Section 607.0303, Fion					
			ua otatutes.				
SIGNATURE	Starahire, typed or printed name of registered agent						
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE:			od when reinstating) DAT		RS IN 12
<u> </u>	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Agen				RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-11-99 9042483100 Date Dayline Phone 8