FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070539 (8)

Principal Place of Business	Mailing Address	
3949 EVANS AVE	3949 EVANS AVE	
FT MYERS FL 33901	FT MYERS FL 33901	

FILED Apr 22 1998 8:00am Secretary of State

NIC IN	DUSTRIAL SERVICES, INC) J+							
Principal Plac	e of Business	Mailing Address	 -			- 1000/1001 110 1010 40111 00141 00141 00141 00141		AO (811 180)	
3949 EVANS AVE 3949 EVANS AVE									
FT MYERS FL 33901 FT MYERS FL 33901						DO NOT WRITE IN THIS S	PACE		
1						3. Date Incorporated or Qualified	TACE		
]						09/08/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	pplied For	
21	7000	26			65-0607344	Not Applicable \$8.75 Additional			
Suito, Apt	#, DIC	Suite, Apt. #, etc.	27			5. Certificate of Status Desired		Additional equired	
City & Stat	<i>e</i>	City & State			6. Election Campaign Financing		May Be		
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Coun			8. This corporation owes or has paid the curr			
24	25	29	30						
	9. Name and Address of Curr	ent Hegistered Agent		81	Name	10. Name and Address of New Registered A	gent	····	
JESSEN, ANDREW G									
6371-4 PRESIDENTIAL CT FORT MYERS FL 33919				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	UI MIEUO LE 39818		,	83					
								Code	
İ				84	City	FL		[
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	tutes, the ab	ove	-named corporation	ration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing it	ts registered	
agent la	m familiar with, and accept the obl	igntions of, Section 607.0505,	Florida State	ıles	3.	are board of an occars. Thereby accopt the appe	minioni co	rogisiorea	
SIGNATURE					ni signature regured			<u> </u>	
12.	Signature, typed or pented name of registered a OF FICERS A	ND DIRECTORS	13.	Ager	ut signature required	AMERICAN ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	2S IN 12	
TITLE	D	DELETE	1.1 T/J	LE			Change	Addition	
NAME	VIGNE, DAVID J		1.2 NA	1.2 NAME					
STREET ADORESS	4209 NW 26 STREET		1.3 STREET ADDRESS		address				
CITY-ST-ZIP	CAPE CORAL FL 33909		1.4 CITY-ST-ZIP		T-ZIP				
THILE		DELETE 21		LE	1	·	Change	Addition	
NAME			22 NA		İ			}	
STREET ADDRESS			2 3 STHEET ADDRESS		F			[
CITY-ST-7IP		DELETE	2 4 CHY-SI-ZIP		3T - ZIP		Change	Addition	
NAME	Dittle			3.1 TITLE 3.2 NAME		'	— ouguge	riduliuii	
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP					ST-ZIP			Ì	
TITLE	*	DELFTE	4.1 TIT	_			Change	Addition	
NAME			4. 2 N	ME				İ	
STREET ADDRESS			4 3 STI	REFLA	ADDRESS			l	
CITY-ST-ZIP				4.4 CHTY-ST-ZIP					
THILE		☐ DELETE	5.1 117			l	L Change	Addition	
NAME			5.2 NA						
STREET ADDRESS					ADDRESS			ļ	
CITY-ST-ZIP TITLE		DELETE	5.4 CH		I-ZIP		Change	Addition	
NAME				6.1 TITLE 6.2 NAME		'			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.3 ST		1				
	certify that the information supplied	with this filing does not qualify				ection 119.07(3)(i), Florida Statutes. I further cer	lify that the	information	

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 chapter 6, or one attachment with an address.