SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000077659 (7)**

1. Corporation Name
INDUSTRIAL SYSTEMS CONSULTING & MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3333 HENDERSON BLVD SUITE 150 TAMPA FL 33609-2938	3333 HENDERSON BLVD SUITE 150 TAMPA FL 33609-2938

3. Date Incorporated or Qualified: 10/05/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3118 W BARCELONA ST
Suite, Apt. #, etc.
22 —
City & State
23 TAMPA FLA
Zip 24 33629 Country 25 USA

2a. Mailing Address
26 3118 W BARCELONA ST
Suite, Apt. #, etc.
27 —
City & State
28 TAMPA FLA
Zip 29 33629 Country 30 USA

4. FEI Number: 59-3342357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RILEY, STEVEN P
3333 HENDERSON BLVD
SUITE 150
TAMPA FL 33609-2938

10. Name and Address of New Registered Agent

81 Name: ROBERT S COOK
82 Street Address (P.O. Box Number is Not Acceptable): 3118 W BARCELONA ST
83
84 City: TAMPA FL 85 Zip Code: 33629

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COOK, ROBERT S	
STREET ADDRESS	3118 W BARCELONA ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	☐ DELETE
NAME	COOK, CYNTHIA D	
STREET ADDRESS	3118 W BARCELONA ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added or on an attachment with an address.

SIGNATURE: [signature] 7/23/96 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone Number: 813-852-4538