

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000072411

1. Corporation Name  
**INDUSTRIAL TECHNOLOGY SERVICES, INC.**

Principal Place of Business  
5350 GULF OF MEXICO DR., STE. 201B  
LONGBOAT KEY FL 34228

Mailing Address  
5350 GULF OF MEXICO DR., STE. 201B 105-402  
LONGBOAT KEY FL 34228



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

05-0856779

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25 MANATE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30 MANATE

9. Name and Address of Current Registered Agent

HOSKINS, MICHAEL C  
5350 GULF OF MEXICO DR., STE. 201B  
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

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 607.0502 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 Michael C. Hoskins  
Signature, typed or printed name of registered agent and title if applicable.

Michael C. Hoskins  
(NOTE: Registered Agent signature required when reinstating)

4/22/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME President +  
STREET ADDRESS Michael C. Hoskins  
CITY-ST-ZIP 6021 Emerald Harbor Dr.  
Longboat Key, FL 34228

TITLE ☐ DELETE  
NAME Vice-President  
STREET ADDRESS David M. Hoskins  
CITY-ST-ZIP 2311 42nd St. W.  
Bradenton, FL 34205

TITLE ☐ DELETE  
NAME Secretary / Treasurer  
STREET ADDRESS Charman R. Hoskins  
CITY-ST-ZIP 6021 Emerald Harbor Dr.  
Longboat Key, FL 34228

TITLE ☐ DELETE  
NAME Director / Stockholder  
STREET ADDRESS Rachel A. Hoskins  
CITY-ST-ZIP 2311 42nd St. W.  
Bradenton, FL 34205

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

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: Michael C. Hoskins Michael C. Hoskins 4/22/99 (941) 387-8513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)