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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Secretary of State

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90197 042 ***150.00

1. Corporation	MENT # S66069 INDUSTRIAL SALES, INC.						
Principal Place	e of Business	Mailing Address			- - I #\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		OIBIT BIBII (BBT
4908 CYPRESS TRACE DR TAMPA FL 33624 4908 CYPRESS TRACE DR TAMPA FL 33624							
TAMPA FL 3302	24	TAMES IL SOCET			DO NOT WRITE IN THIS	SPACE_	
					3. Date Incorporated or Qualifed		
					07/08/1991		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<u> </u>	pplied For
21		26		65-0277048	1	ot Applicable Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		equired .	
	a	City & State			6. Election Campaign Financing		
City & State		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible	
24	25	29 30	0		Personal Property Tax.	Ŭ Yes	Φ Nο
1	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
		<u> </u>	81	Name		•	
BRYANT, THOMAS J		82 Street A		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	CYPRESS TRACE DR						
TAM	PA FL 33624	•	83				}
		•	84	City		85 Zip	Code
	1.5			•		<u>- </u>	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	norized by th	ne corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	intment as re	egistered
SIGNATURE					DATE TO DATE		
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: Re	egistered Agent s	signature required		ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agei			signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age: OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Agent s	signature required			
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age: OFFICERS AN D BRYANT, THOMAS J.	nt and title if applicable. (NOTE: Re	egistered Agent si				
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND BRYANT, THOMAS J. 4908 CYPRESS TRACE DR	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	DDRESS .			☐ Addition
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age: OFFICERS AN D BRYANT, THOMAS J.	nt and title if applicable. (NOTE: Re	13. 1.1 YITLE 1.2 NAME 1.3 STREET AL	DDRESS .			
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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:

Daytime Phone #