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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V57667** **(0)**

1. Corporation Name

GULF COAST INDUSTRIAL SERVICES, INC.

Principal Place of Business	Mailing Address
CYTEC 1801 CYNAMID RD MILTON FL 32571 US	4000 HWY 90 SUITE F PACE FL 32571 US

3. Date Incorporated or Qualified: **08/14/1992**

3a. Date of Last Report: **07/05/1995**

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: **59-3141387** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27) Suite "E"

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

City & State (23)

City & State (28)

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

Zip (24) Country (25)

Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

BAGGETT, JOHNNY L
6663 PINE BLOSSOM ROAD
MILTON FL 32570

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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (New Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAGGETT, JOHNNY L.		1.2 NAME		
STREET ADDRESS	6663 PINE BLOSSOM ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAGGETT, CYNTHIA		2.2 NAME		
STREET ADDRESS	6663 PINE BLOSSOM ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia D. Baggett June 4th 1996 904-994-9451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)