FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V68775 (8)

1. Corporation Name
INDUSTRIAL SERVICES OF NAVARRE, INC.

Principal Place of Business	Mailing Address
1815 ANDORRA ST. NAVARRE FL 32566 US	1815 ANDORRA ST. NAVARRE FL 32566 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1992
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business
21 94 READY AVE
Suite, Apt. #, etc.
22 UNIT # 8
City & State
23 FT WALTON BCH, FLA.
Zip 24 32548 Country 25 USA.

2a. Mailing Address
26 94 READY AVE
Suite, Apt. #, etc.
27 UNIT #8
City & State
28 FT WALTON BCH, FLA.
Zip 29 32548 Country 30 USA.

4. FEI Number: 59-3149352 ☐ 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

CURTIS, LANC
8201 SEGURA ST.
NAVARRE FL

10. Name and Address of New Registered Agent

81 Name: JOHN R. McCoy
82 Street Address (P.O. Box Number is Not Acceptable): 491 E. MIRACLE STRIP PKWY #4
83
84 City: MARY ESTHER FL 85 Zip Code: 32569

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: John R. McCoy — April 23, 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	R.V.S.T.	☑ Change ☐ Addition
NAME	MCCOY, JOHN R.	12 NAME	JOHN R. McCoy	
STREET ADDRESS	1815 ANDORRA ST.	13 STREET ADDRESS	491 E. MIRACLE STRIP PKWY #4	
CITY-ST-ZIP	NAVARRE FL	14 CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	VST	21 TITLE	NO LONGER WITH COMPANY	☑ Change ☐ Addition
NAME	CURTIS, LANCE D.	22 NAME		
STREET ADDRESS	1815 ANDRIA ST.	23 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(k), 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: John R. McCoy JOHN R. McCOY — APRIL 23, 95 — (904)343-1957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470048 FP