

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

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90014 033 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F92000000696**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business: POST OFFICE BOX 455, BAY MINETTE AL 36507  
 Mailing Address: POST OFFICE BOX 455, BAY MINETTE AL 36507

3. Date Incorporated or Qualified  
**12/15/1992**

2. Principal Place of Business: 21  
 2a. Mailing Address: 26

4. FEI Number: **63-0899855**  
 Applied For:  Not Applicable

Suite, Apt. #, etc.: 22  
 Suite, Apt. #, etc.: 27

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 owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**FLEMING, FLETCHER**  
**226 S. PALAFOX PL.**  
**7TH FLOOR SEVILLE TOWER**  
**PENSACOLA FL 32598**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JUNIUS L	1.2 NAME	
STREET ADDRESS	711 EAST 6TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY MINETTE AL 36507	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JUNIUS L	2.2 NAME	
STREET ADDRESS	711 EAST 6TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY MINETTE AL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JUNIUS L	3.2 NAME	
STREET ADDRESS	711 EAST 6TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY MINETTE AL 36507	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: M. D. Long DATE: 3-25-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)