SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 0/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07573** **(9)**

1. Corporation Name

INDUSTRY SERVICES CO., INC.

Principal Place of Business	Mailing Address
2200 SHELTON ROAD P.O. BOX 1076 BASTROP LA 71220 US	2200 SHELTON ROAD P.O. BOX 1076 BASTROP LA 71221-1076 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1985
3a. Date of Last Report: 05/01/1994

4. FEI Number: 72-1040205 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 10995 Shelton Road	26 10995 Shelton Road
22 Suite, Apt. #, etc. P.O. Box 1076	27 Suite, Apt. #, etc. P.O. Box 1076
23 City & State: Bastrop, LA 71220	28 City & State: Bastrop, LA
24 Zip: 71220 — 25 Country: US	29 Zip: 71221-1076 — 30 Country: US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, WILLIAM F.	1.2 NAME	
STREET ADDRESS	2005 SATURN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BASTROP LA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	GILLIKIN, STEPHEN B	2.2 NAME	Gillikin, Stephen B.
STREET ADDRESS	905 AQUILA DRIVE	2.3 STREET ADDRESS	2020 Pecan Drive
CITY-ST-ZIP	BASTROP LA	2.4 CITY-ST-ZIP	Bastrop, LA 71220
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	FOX, PATSY L	3.2 NAME	
STREET ADDRESS	221 RIDGECREST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BASTROP LA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	Martin D. Fox	4.2 NAME	Fox, Martin D.
STREET ADDRESS	10398 Windhaven	4.3 STREET ADDRESS	10398 Windhaven
CITY-ST-ZIP	Bastrop, LA 71220	4.4 CITY-ST-ZIP	Bastrop, LA 71220
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Stephen B. Gillikin 7/6/95 318-281-6303
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Stephen B. Gillikin - Director

0182645 FN