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FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P07573

(9)

1. Corporation Name

INDUSTRY SERVICES CO., INC.

Principal Place of Business

10995 SHELTON ROAD  
P.O. BOX 1076  
BASTROP LA 71220  
US

Mailing Address

10995 SHELTON ROAD  
P.O. BOX 1076  
BASTROP LA 71221-1076  
US

3. Date Incorporated or Qualified  
09/30/1985

3a. Date of Last Report  
02/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MCDONALD, WILLIAM F.  
STREET ADDRESS 2005 SATURN DRIVE  
CITY-ST-ZIP BASTROP LA

TITLE D ☐ DELETE  
NAME GILLIKIN, STEPHEN B  
STREET ADDRESS 2020 PECAN DRIVE  
CITY-ST-ZIP BASTROP LA

TITLE D ☐ DELETE  
NAME GOX, MARTIN D.  
STREET ADDRESS 10398 WINDHAVEN  
CITY-ST-ZIP BASTROP LA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME V/D  
3.3 STREET ADDRESS Fox, Martin D.  
3.4 CITY-ST-ZIP 2251 Carrington Drive  
Mobile AL 36695

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME P/D  
4.3 STREET ADDRESS Cumpton, Bobby L.  
4.4 CITY-ST-ZIP 5600 James Madison Drive  
Mobile AL 36693

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME S/R/D  
5.3 STREET ADDRESS McDonald, Mark W.  
5.4 CITY-ST-ZIP 35 Houston Street  
Mobile AL 36606

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/97 318-281-6303

CR2E034 (9/96)