2000 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State 05-24-2000 90094 030 ***150.00

	DOCUMENT # P07573 1. Entity Name
ĺ	INDUSTRY SERVICES CO., INC.

10995 SHELTON ROAD P.O. BOX 1076

Principal Place of Business

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

Mailing Address

US	1220		US				A ZBRANDON NIO DORIN PROBA DIVIN ZBRAND (NIO DINI).	8)8) 8:8() 8:8((8:8)	il a (a () (88)	
•	Place of Busines		3. Mailing Address			_				
		res Drive	3674 NORTH PEACHTREE RD			기				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			1	DO NOT WRITE IN TH	IS SPACE		
City & Stat	ie		City & State			4.	FEI Number 72-1040205	Ap	plied For	
MOBIL	E, ALA	BAMA	CHAMBLEE, GEORGIA			<u> </u>	72-1040205		ot Applicable	
^{Zip} 36019		Country 人・S・	Zip 30341	Cour	,	5.	Certificate of Status Desired	\$8.75 Add Fee Require		
	6Name an	d Address of Current I	Registered Agent			7	Name and Address of New Registers	d Agent ~-		
CT CORPORATION SYSTEM					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
) S. PINE ISLA									
PLAN	NTATION FL 3	3324								
					City		F	Zip Code	e	
• The last				!						
8. The above	named entity s	ubmits this statement for	r the purpose of changing its	register	ea onice or regist	ered ag	gent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or p	rinted name of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signature requir	ed when r	reinstating) DAT	E -		
• This serns	orotion in alimible	to entire its lotongible	EILE NOW		IS \$150.00		1			
•	•	e to satisfy its Intangible elects to do so.	After MAY 1, 20				10. Election Campaign Financing		May Be	
_	ria on back)		Make Check Payat				Trust Fund Contribution.	⊔ Added	to Fees	
11.	- 	OFFICERS AND I	DIRECTORS	12.		ΑŪ	DOITIONS/CHANGES TO OFFICERS A	NO DIRECTORS	3 IN 11	
TITLE	D		elete	TITL	E			☐ Change	Addition	
NAME	MCDONALD		•	NAM	_					
STREET ADDRESS	2005 SATUR				EET ADDRESS					
CITY-ST-ZIP	BASTROP L	A			'-ST-ZIP				- Addition	
TITLE NAME	D Gillikin, st	TOLICA D	Delete	TITL: NAM	ſ			☐ Change	☐ Addition	
STREET ADDRESS	2020 PECAN			1	EET ADDRESS					
CITY-ST-ZIP	BASTROP L			CITY	'-ST-ZiP				,	
TITLE	STD	·	☐ Delete	TITL	E	_		Change	Addition	
NAME	FOX, MARTI	N D		NAM	1E					
STREET ADDRESS	2251 CARRI	ngton dr			EET ADDRESS					
CITY-ST-ZIP	MOBILE AL				'-ST-ZIP					
TITLE	PD	DODDY I	☐ Delete	TITL	l l			Change .	Addition	
NAME STREET ADDRESS	CUMPTON,	BUBBY L S MADISON DR			EET ADDRESS					
CITY-ST-ZIP	MOBILE AL	MADISON DR			-ST-ZIP					
TITLE	VP		□ Delete	ÎITL	E			☐ Change	Addition	
NAME	HUNTER,	SHANN		NAM				_ •	_	
STREET ADDRESS	352 RET	LANDROAD			EET ADDRESS				ľ	
CITY-ST-ZIP	ATLANTA	GA 30309		CITY	'-ST-ZIP					
TITLE			☐ Delete	TITL				Change	☐ Addition	
NAME				NAM					ĺ	
STREET ADDRESS CITY-ST-ZIP	}				EET ADDRESS '-ST-ZIP					
	Certify that the in	formation supplied with	this filing does not qualify to	<u> </u>	,	Section	119.07(3)(i), Florida Statutes. I further	certify that the in	nformation	
THE LICITION (Commy man mid	nomination adpoints with	and mining according quality to		argenon olaled Hill	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, i i o o i com i i como de de de de la come			

Indicated on this report or 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR