

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H58746** (9)

1. Corporation Name

TOTAL ENERGY SERVICES, INC.



Principal Place of Business

6634 SW 114 PL A
MIAMI FL 33173-4723
US

Mailing Address

6634 SW 114 PL A
MIAMI FL 33173-4723
US

2. Principal Place of Business

2a. Mailing Address

21	State	26	State
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	County

9. Name and Address of Current Registered Agent

BULKLEY, JAMES W.
6634 SW 114 PL STE A
MIAMI FL 33173-4723

3. Date Incorporated or Qualified
05/23/1985

3a. Date of Last Report
01/13/1995

4. FEI Number

59-2538745

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (which is not an act, or both, in the State of Florida). Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am not responsible for the obligation of Section 607.07(2)(b), Florida Statute.

SIGNATURE

[Signature]

7-2-96

12. OFFICERS AND DIRECTORS

12a	NAME	<input checked="" type="checkbox"/> DELETE
12b	STREET ADDRESS	
12c	CITY, STATE, ZIP	
12d	NAME	<input type="checkbox"/> DELETE
12e	STREET ADDRESS	
12f	CITY, STATE, ZIP	
12g	NAME	<input type="checkbox"/> DELETE
12h	STREET ADDRESS	
12i	CITY, STATE, ZIP	
12j	NAME	<input type="checkbox"/> DELETE
12k	STREET ADDRESS	
12l	CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13b	NAME	
13c	STREET ADDRESS	
13d	CITY, STATE, ZIP	
13e	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f	NAME	
13g	STREET ADDRESS	
13h	CITY, STATE, ZIP	
13i	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j	NAME	
13k	STREET ADDRESS	
13l	CITY, STATE, ZIP	
13m	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n	NAME	
13o	STREET ADDRESS	
13p	CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is true and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information includes in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed from a death record with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **JAMES W. BULKLEY** 2-2-96

305
595-9555

CR2E084 (12/95)