

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J15679** (0)
1. Corporation Name
COMPLETION SERVICES, INC.



Principal Place of Business
**9000 CYPRESS GREEN DR.
JACKSONVILLE FL 32256**

Mailing Address
**9000 CYPRESS GREEN DR.
JACKSONVILLE FL 32256**

2. Principal Place of Business
21 **Same**
Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 **Same**
Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **05/20/1986** 3a. Date of Last Report **09/18/1995**

4. FEI Number **NOT APPLICABLE** 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

**DAVIS, PAUL
9000 CYPRESS GREEN DR.
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name **Same as block 9**
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	TD	<input checked="" type="checkbox"/> DELETE
NAME	D'ANNIBALLE, PRISCILLA	
STREET ADDRESS	1033 S. MCCORD RD.	
CITY-ST-ZIP	HOLLAND OH 43528	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, PHIL	
STREET ADDRESS	2783 ALGONQUIN RD.	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WIGGINS, CHRIS	
STREET ADDRESS	10950 47TH ST. N.	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAFFERN, JOHN	
STREET ADDRESS	1629 FIFTH ST. LOUTH RR #3	
CITY-ST-ZIP	ST. CATHERINES, ON L2R 6P9	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FELICELLI, RICK	
STREET ADDRESS	919 HWY. 33 STE. 49	
CITY-ST-ZIP	FREEHOLD NJ 07728-8440	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laux, Arno	
STREET ADDRESS	125 S. Witchduck Road, Suite 202	
CITY-ST-ZIP	Virginia Beach, VA 23462-3734	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldstein, Phil	
STREET ADDRESS	2783 Algonquin Road	
CITY-ST-ZIP	Rolling Meadows, IL 60008	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rigsby, Steve	
STREET ADDRESS	4395 Boron Drive	
CITY-ST-ZIP	Latonia, KY 41015	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daffern, John	
STREET ADDRESS	1629 Fifth St. Louth RR #3	
CITY-ST-ZIP	St. Catharines, ON L2R 6P9	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(k), 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

1/30/96

(708) 670-1500

Date

Daytime Phone #

CR2E034 (12/95)