


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J15679 (0)

1. Corporation Name
COMPLETION SERVICES, INC.

Principal Place of Business

2121-B CORPORATE SQUARE BLVD
SUITE 269
JACKSONVILLE FL 32216
US

Mailing Address

2121-B CORPORATE SQUARE BLVD
SUITE 269
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1986

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2121B Corporate Sq Blvd	26 2121B Corporate Sq Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 269	27 Suite 269
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip	Zip
24 32216	29 32216
Country	Country
25 USA	30 USA

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	WOLF, RICHARD	1.2 NAME	Rigsby, Stephen
STREET ADDRESS	839 MITTEN RD., SUITE 211	1.3 STREET ADDRESS	4395 Boron Drive
CITY-ST-ZIP	BURLINGAME CA	1.4 CITY-ST-ZIP	Latonia, KY 41015
TITLE	PD	2.1 TITLE	TD/SD
NAME	CARTER, GRANT	2.2 NAME	Charles Gearhart
STREET ADDRESS	308 COMMERCE CT	2.3 STREET ADDRESS	PO Box 540, 7 E Park Dr
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Hainesport, NJ 08036
TITLE	VD	3.1 TITLE	VD
NAME	RIGSBY, STEVE	3.2 NAME	Chris Burke
STREET ADDRESS	4395 BORON DR	3.3 STREET ADDRESS	5006 20th Ave S
CITY-ST-ZIP	LATONIA KY	3.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	TD	4.1 TITLE	
NAME	DAFFERN, JOHN	4.2 NAME	
STREET ADDRESS	1629 FIFTH ST. LOUTH RR #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CATHERINES, ON L2R 6P9	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	FELICELLI, RICK	5.2 NAME	
STREET ADDRESS	919 HWY. 33 STE. 49	5.3 STREET ADDRESS	
CITY-ST-ZIP	FREEHOLD NJ 07728-8440	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Stephen Rigsby 1/8/98 606-655-8300

CR2E034 (10/97)