

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

FILED
Apr 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
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DOCUMENT # 842186 (9)
1. Corporation Name
DIVERSIFIED ENERGY SERVICES, INC.

Principal Place of Business 8601 DUNWOODY PL #446 ATLANTA GA 30350	Mailing Address 8601 DUNWOODY PL #446 ATLANTA GA 30350-2550
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1979	3a. Date of Last Report 04/23/1996
21	26			4. FEI Number 58-1334546	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	28				
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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	CDT	1.1 TITLE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	MOORE, CHARLES L	1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8485 BRIDGEWOOD VALLEY R	1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 0	1.4 CITY-ST-ZIP			
TITLE	P	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POYTHRESS, F E	2.2 NAME			
STREET ADDRESS	305 MADERA COURT	2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 0	2.4 CITY-ST-ZIP			
TITLE	SV	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POYTHRESS, NANCY	3.2 NAME			
STREET ADDRESS	305 MADERA COURT	3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 0	3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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:  CHARLES L. MOORE 04/22/97 (770) 641-7288

CR2E034 (9/96)