

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000903 (4)**

1. Corporation Name

**CONTINENTAL FIELD SYSTEMS, INC.**



Principal Place of Business

Mailing Address

23 WESTGATE BLVD.  
SAVANNAH GA 34105

23 WESTGATE BLVD.  
SAVANNAH GA 34105

2. Principal Place of Business

2a. Mailing Address

21. Sub: Apt. #, etc.

26. Sub: Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/23/1994

3a. Date of Last Report

02/14/1995

4. FET Number

58-1364995

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 Statute:  Yes  No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1602, 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 607.0705, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the registered agent

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PD	<input type="checkbox"/> DELETE
12. NAME	CHRISTOPH, DIETER	
13. STREET ADDRESS	23 WESTGATE BLVD.	
14. CITY, ST., ZIP	SAVANNAH GA 31405	
15. TITLE	V	<input type="checkbox"/> DELETE
16. NAME	BLAKEWOOD, CHRLES W III	
17. STREET ADDRESS	23 WESTGATE BLVD.	
18. CITY, ST., ZIP	SAVANNAH GA 31405	
19. TITLE	S	<input type="checkbox"/> DELETE
20. NAME	LANCASTER, KATHY	
21. STREET ADDRESS	23 WESTGATE BLVD.	
22. CITY, ST., ZIP	SAVANNAH GA 31405	
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY, ST., ZIP		
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY, ST., ZIP		

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST., ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE		
16. NAME		
17. STREET ADDRESS		
18. CITY, ST., ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE		
20. NAME		
21. STREET ADDRESS		
22. CITY, ST., ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE		
24. NAME		
25. STREET ADDRESS		
26. CITY, ST., ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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:

*Kathy Lancaster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 (915) 232-8131  
DATE DAYTIME PHONE #

CR2E034 (12/95)