

F95000003883



L W D, INC.

P.O. BOX 387 - CALVERT CITY, KENTUCKY 40008

OFFICE USE ONLY

(City, State, Zip)

(Phone #)

000001549570
-08/01/95--01013--007
*****70.00 *****70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LWD FIELD SERVICES, INC.
(Corporation Name) (Document #) W95-15552
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

W 8/11
95 AUG 11 11:42
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 2, 1995

LWD, INC.
PO BOX 327
CALVERT CITY, KY 42029

SUBJECT: LWD FIELD SERVICES, INC.
Ref. Number: W95000015552

We have received your document for LWD FIELD SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 795A00036409



L W D FIELD SERVICES, INC.

P.O. BOX 327 - CALVERT CITY, KENTUCKY 42020

August 8, 1995

Lee Rivers
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: LWD Field Services, Inc.
Ref. Number: W95000015552

We hereby resubmit the Application by Foreign Corporation for Authorization Transact Business in Florida for the above referenced corporation. A copy of letter number 795A00036409 dated August 2, 1995 is enclosed for your reference.

Your letter requested that the street address for each officer and director be provided. The enclosed resubmittal now includes the street address for each officer and director.

If you have any questions or need any additional information please let us know. Our phone number is 502-395-8313.

Sincerely,

Timothy G. Scheer, CPA
Controller

Enclosures

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. LWD FIELD SERVICES, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. KENTUCKY
(State or country under the law of which it is incorporated)
3. 61-1116604
(FEI number, if applicable)
4. 3-24-87
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 7-1-95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. P.O. BOX 327, 1637 SHAR-CAL ROAD
CALVERT CITY, KY 42029
(Current mailing address)
8. TRANSACTION ANY AND ALL LAWFUL BUSINESS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

G. L. Hatfield
(Registered agent's signature) (Officer)
G. L. HATFIELD, ASST. SECY.

(Type Name and Title of Officer)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: AMOS H. SHELTON, JR.

Address: P.O. BOX 327, 1637 SHAR-CAL ROAD
CALVERT CITY, KY 42029

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: AMOS H. SHELTON, JR.

Address: P.O. BOX 327, 1637 SHAR-CAL ROAD
CALVERT CITY, KY 42029

Vice President: _____

Address: _____

Secretary: LINDA G. TUTOR

Address: P.O. BOX 327, 1637 SHAR-CAL ROAD
CALVERT CITY, KY 42029

Treasurer: LINDA G. TUTOR

Address: P.O. BOX 327, 1637 SHAR-CAL ROAD

CALVERT CITY, KY 42029

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. AMOS H. SHELTON, JR.

DIRECTOR/PRESIDENT

(Typed or printed name and capacity of person signing application)



OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE
DOMESTIC CORPORATION

95 APR 11 11:11:42
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY

I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, LWD FIELD SERVICES, INC.

is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is MARCH 24, 1987 ; and whose period of duration is PERPETUAL .

I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 10TH day of JULY , 1995 .

Bob Babbage
BOB BABBAGE
Secretary of State
Commonwealth of Kentucky