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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000003405 (4)

1. Corporation Name

FIRST AMERICAN FIELD SERVICES, INC.

Principal Place of Business

150 2ND AVE N., #1600  
ST PETERSBURG FL 33701

Mailing Address

150 2ND AVE N., #1600  
ST PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1125 Ocean Avenue

Suite, Apt. #, etc.

22 City & State

23 Lakewood, NJ

Zip

24 08701

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 08701

Country

30 US

3. Date Incorporated or Qualified

06/25/1997

4. FEI Number

22-3404518

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

TITLE PD ☐ DELETE

NAME LONG, JOHN W  
STREET ADDRESS 150 2ND AVE N., #1600  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE DCFO ☒ DELETE

NAME HERKENHOFF, H J  
STREET ADDRESS 150 2ND AVE N., #1600  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE SD ☐ DELETE

NAME ZINDA, CRAIG J  
STREET ADDRESS 150 2ND AVE N., #1600  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE PD ☐ DELETE

NAME WARD, JOHN B  
STREET ADDRESS 1125 OCEAN AVE.  
CITY-ST-ZIP LAKEWOOD NJ 08701

TITLE V ☐ DELETE

NAME NOTT, SHARI  
STREET ADDRESS 1125 OCEAN AVE.  
CITY-ST-ZIP LAKEWOOD NJ 08701

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME Lamson, John C.

2.3 STREET ADDRESS 150 2nd Avenue, Suite 1600

2.4 CITY-ST-ZIP St. Petersburg, FL 33701

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

John C. Lamson, M-1, 1998, 913, 895, 4015

CR2E034 (10/97)