

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90009 021 ***550.00

DOCUMENT # F97000004099

1. Corporation Name
MANY FIELDS, INC.



Principal Place of Business Mailing Address
MANY FIELDS, INC. DBA ELECTRONIC SERVICE **MANY FIELDS, INC. DBA ELECTRONIC SERVICE**
2305 60TH DRIVE EAST **2305 60TH DRIVE EAST**
BRADENTON FL 34203 **BRADENTON FL 34203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

65-0771194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **5203 Cortez Rd. W.**

Suite, Apt. #, etc.

22 **#5**

City & State

23 **Bradenton FL**

Zip

24 **34210**

Country

25 **USA**

2a. Mailing Address

26 **5203 Cortez Rd W.**

Suite, Apt. #, etc.

27 **#5**

City & State

28 **Bradenton FL**

Zip

29 **34210**

Country

30 **USA**

9. Name and Address of Current Registered Agent

STEIER, MARVIN
ELECTRONIC SERVICE CLINIC
2305 60TH DRIVE EAST
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name **Marvin Steier**
82 Street Address (P.O. Box Number is Not Acceptable)
3860 Mariners Way
83 **# 423**
84 City **Cortez** **FL** 85 Zip Code **34725**

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

Marvin Steier

(NOTE: Registered Agent signature required when reinstating)

DATE

7-19-99

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOANNE	
STREET ADDRESS	6800 FLEETWOOD ROAD #506	
CITY-ST-ZIP	MCLEAN VA 22101	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOANNE	
STREET ADDRESS	6800 FLEETWOOD ROAD #506	
CITY-ST-ZIP	MCLEAN VA 22101	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Marvin Steier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-99

Date

941756-1888

Daytime Phone #

CR2E034 (1/98)