**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 (5)DOCUMENT # FREEDOM FIELD SERVICES, INC. Mailing Address Principal Place of Business 10599 NW 28TH ST 10589 NW 28TH \$T SUNRISE FL 33322 SUNRISE FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name YORK, CHARLES EVERETT, JR 10599 NW 28TH ST Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 83 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 against and title it applicable (NOTF Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE YORK, CHARLES EVERETT JR 1.2 NAME NAME 10599 NW 28TH ST 1.3 STREET ADDRESS STREET ADDRESS **SUNRISE FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE

14. Thereby 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

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

800 781 6636

Change

Addition