FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19049 (0)

1. Corporate Name
FIELD SERVICES, INC.

Principal Place of Business	Mailing Address
1626 - 90TH AVE. P.O. BOX 370 VERO BEACH FL 32961	1626 - 90TH AVE. P.O. BOX 370 VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0146711 — 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 Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHARDSON, DANFORTH K. 1626 - 90TH AVE. P.O. BOX 370 VERO BEACH FL 32961	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	ASSISTANT SECRETARY (X Change ☐ Addition)
NAME	RICHARDSON, DANFORTH K.	12 NAME	HOPKINS, SUSAN R.
STREET ADDRESS	1855 - 28TH AVE.	13 STREET ADDRESS	265 Riverway Drive
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	Vero Beach, Fla. 32963
TITLE	ATD	21 TITLE	ASSISTANT SECRETARY/DIRECTOR (☐ Change XX Addition)
NAME	HOPKINS, SUSAN R.	22 NAME	LUTHER, NANCY R.
STREET ADDRESS	265 RIVERWAY DR.	23 STREET ADDRESS	555 South A1A Highway
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	Vero Beach, Fla. 32963
TITLE	AS	31 TITLE	TREASURER/SECRETARY (XX Change ☐ Addition)
NAME	HOPKINS, SUSAN R.	32 NAME	PEREZ TOMAS RENE
STREET ADDRESS	265 RIVERWAY DR.	33 STREET ADDRESS	2019 Cortez Avenue
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP	Vero Beach, Fla. 32960
TITLE	STD	41 TITLE	(☐ Change ☐ Addition)
NAME	PEREZ, THOMAS RENE	42 NAME	
STREET ADDRESS	2019 CORTEZ AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	(☐ Change ☐ Addition)
NAME	LUTHER, JOHN M	52 NAME	
STREET ADDRESS	555 S A1A	53 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	(☐ Change ☐ Addition)
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(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: [signature] 5/4/95 407-567-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Tomas Rene Perez, Treasurer

0074919 CP