

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L19049 (0)
1. Corporation Name
FIELD SERVICES, INC.

Principal Place of Business 1626 - 90TH AVE. P.O. BOX 370 VERO BEACH FL 32961	Mailing Address 1626 - 90TH AVE. P.O. BOX 370 VERO BEACH FL 32961
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/01/1989	
4. FEI Number 65-0146711		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent LUTHER, JOHN M 1626 - 90TH AVE. VERO BEACH FL 32961		10. Name and Address of New Registered Agent	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	RICHARDSON, DANFORTH K.	1.2 NAME	
STREET ADDRESS	1855 - 28TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	AS	2.1 TITLE	
NAME	HOPKINS, SUSAN R.	2.2 NAME	
STREET ADDRESS	1580 GRACEWOOD LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL 32963	2.4 CITY - ST - ZIP	
TITLE	ATD	3.1 TITLE	
NAME	HOPKINS, SUSAN R	3.2 NAME	
STREET ADDRESS	1580 GRACEWOOD LN.	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH FL 32963	3.4 CITY - ST - ZIP	
TITLE	TS	4.1 TITLE	
NAME	PEREZ, THOMAS RENE	4.2 NAME	
STREET ADDRESS	2019 CORTEZ AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	
NAME	LUTHER, JOHN M	5.2 NAME	
STREET ADDRESS	555 S A1A	5.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	5.4 CITY - ST - ZIP	
TITLE	ASD	6.1 TITLE	
NAME	LUTHER, NANCY R.	6.2 NAME	
STREET ADDRESS	555 SOUTH A1A HIGHWAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0116188

CR2E034 (10/97)