PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600057374

1. Corporation Name

FALLER, DAVIS FIELD SERVICES, INC.

Principal Place of Business Mailing Address						
550 NORTH REO STREET. SUITE 301 550 NORTH REO STREET. S TAMPA FL 33609-1037 TAMPA FL 33609-1037		SUITE 301		DO NOT WRITE IN TH	S SDACE	
	•					3 SPACE
	·				3. Date Incorporated or Qualifed 07/05/1996	
Principal P	rincipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21	26				<u>59-2594956</u>	Not Applicable
Suite, Apt.	pt. #, etc. Suite, Apt. #, etc. 27			-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	tate City & State				6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country Zip Cou		Count	ry	8. This corporation owes the current year I	ntangible
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent
			8	1 Name		_
POPSON, JOHN M ESQ. 877 VILLAGE WAY PALM HARBOR FL 34683			-	2 Street Add	rose (B.O. Boy Number is Not Acceptable)	
			ſ	Street Addi	ress (P.O. Box Number is Not Acceptable)	
			8	3		
			. 8	i4 City		85 Zip Code
					F	_ ,
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized b	y the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its registered ointment as registered
SIGNATURE		at and with Manufleohile (NOTE) E	Sugistand A	gent signature require	ed when reinstating) DATE	
12.			13.	deur signature recono	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITLE	-		Change Addition
NAME	NANCY R FALLER	<u> </u>	1.2 NAM	1		
	4926 SAN RAFAEL ST		1	ļ		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	TAMPA FL	☐ DELETE	1.4 CITY			☐ Change ☐ Addition
TITLE		□ pere⊥e	2.1 TITLE	ł		
NAME			2.2 NAM	i i		
STREET ADDRESS					•	
CITY-ST-ZIP _				EET ADORESS		
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		☐ DELETE	2. 4 CITY	-ST-ZIP		☐ Change ☐ Addition
STREET ADORESS		☐ DELETE	3.1 TITLE 3.2 NAM	-ST-ZIP		☐ Change ☐ Addition
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		☐ DELETE	3.1 TITLE 3.2 NAMI 3.3 STRE	'-ST-ZIP E EET ADORESS '-ST-ZIP		Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAMI 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE	-ST-ZIP EET ADDRESS -ST-ZIP		☐ Change ☐ Addition

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE WANGED FALLER URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90001 044 ***317.50