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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000032158**

PRIMESTAR FIELD SERVICES, INC.

Principal Place of Business Mailing Address						
8220 N. HANLEY ROAD 8220 N. HANLEY ROAD						
TAMPA FL 33634 TAMPA FL 33634						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						04/08/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						59-3445472 Not Applicable
Suite, Apt. #, etc. Suite, Apt.			#, etc.		-	\$8.75 Additional
27		27				5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		intry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes You
	9. Name and Address of Curro	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
RYAI	LS, JOHN			"	name	
8220 N. HANLEY ROAD				82	Street A	Address (P.O. Box Number is Not Acceptable)
	PA FL 33634			83		
• ,				ုိိ		
				84	City	FL 85 Zip Code
office or re agent. I a	egistered agent, or both, in the State of familiar with and accept the oblig signature, typed to printer name of resistered as	e of florida. Such change was a pation of Section 607.0505, Florida.	authorized orida Stat	d by utes.	the corpor	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating)
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	RYALS, JOHN		1.2 N	AME		
STREET ADDRESS	8220 N. HANLEY ROAD		1.3 S	TREET	ADDRESS	,
CITY-ST-ZIP	TAMPA FL 33634		1.4 C	TY-51	r-ZIP	
TITLE		☐ DELETE	2.1 TI	TLE		Change Addition
NAME			2.2 N	AME	1	
STREET ADDRESS			2.3 S	TREET	ADDRESS	
CITY-ST-ZIP			2.40	ITY-S	T-ZIP	
TITLE		☐ DELETÉ	3.1 TI	TLE	-	Change Addition
NAME			3.2 N		1	
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP		C) oc cre		ITY-S	T- ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TI		1	
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	·
CITY-ST-ZIP		DELETE	4.4 C	TY-ST	r-ZiP	☐ Change ☐ Addition
TITLE			5.1 II 5.2 N			
NAME OTREET ADDRESS					ADDRESS	
STREET ADDRESS			1	1TY-S1		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI			☐ Change ☐ Addition
NAME		_ = _	6.2 N	AME		
STREET ANNOESS			6.3 S	TREET	ADDRESS	

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 strue 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90158 027 ***150.00