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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9800000184 (5)

L.T. FIELD SERVICES INC.

Principal Place of Business	Mailing Address
1099 GROVE LANE	P O BOX 308
MT DORA FL 32757	MT DORA FL 3275

## FILED Mar 03 1998 8:00am Secretary of State



3. Date hosporated or Qualified  12/31/1997:  2. Principal Place of Business  2. Mailing Address  2. Mailing Address  3. Fell Number  Suite, Apt. #, etc.  5. Certificate of Status Desired  5. Certificate of Sta	MT DORA FL 32757		MT DORA FL 32757		DO NOT WRITE IN THIS SPACE	
Suite, Apl. #, etc.  Suite, Ap					•	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27	2. Principal Place of Busi					Applied For
City & State   City	21	Syme	26	nc.	59-3490858	Not Applicable
City & State	Suite, Apt. #, etc.		<u>⊢</u>		5. Certificate of Status Desired	* • · · · · · · · · · · · · · · · · ·
Trust Fund Contribution					6. Election Campaign Financing	\$5.00 May Be
Zip   Country   Zip   Country   Zip   Country   Replaced   Representation   Representa	23		28			
S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   17. Name and Address   17. Name and Na		Country	Zip	Country	8. This corporation owes or has paid the cu	urrent year Intangible
Name and Address of Current Registered Agent   10. Name and Address of New Registered   10. Name and Address of New Registered Agent   10. Name and Address of New Registered   10. Name   10. Name and Address of New Registered Agent   10. Name and Address of New Registered   10. Name   10. Name and Address   10. Name	24	25	29	30		
NOTE CONTROL OF THE C		e and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent *** (1346)
MT DORA FL 32757    83	VOGELGESA	NG, LARRY		81 Name		
MT DORA FL 32757    83	1099 GROVE	LANE		B2 Street A	Address (P.O. Box Number is Not Acceptable)	
B4   City   FL   B5   Zip Code	MT DORA FL	. 32757				
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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Signat						85 Zio Code
SIGNATURE   Signature, typoid or printed name of ingestered agent and title if applicables   (NOTE: Registered Agent; signature required when reinstating)   DATE					Fl	L   - ·
Signature, typed or printed name of registered agent and titled applicable.    CNOTE: Registered Agent signature required when reinstating)   DATE		sions of Sections 607.05 gent, or both, in the Stat with, and accept the oblight.	.02 and 607.1508, Florida Stat e of Florida. Such change wa gations of, Section 607.0505,	tutes, the above-named on authorized by the corportion of the statutes.		oppointment as registered
DELETE	Signature, type				Todalisa Milani Islanda	(D. D)(DEOTODO II) 40
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NAME	TITLE		☐ DELETE	I t	LOVER VOGELOSALO	C cuange C Accumon
NAME	NAME			1.2 NAME	LATTY FUEL LATY	
NAME	STREET ADDRESS			1.3 STREET ADDRESS	rogg Brove Love	<i></i>
NAME	CITY-ST-ZIP				mt Dosa Fle	52757 William
2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE		☐ DELETE	l i		☐ Change ☐ Abdition
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	NAME					
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I. 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 trugtee 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 or an attachment with an address.

2-23-48

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