


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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90164 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000060363			
1. Corporation Name PREMIER FIELD SERVICES, INC.			
Principal Place of Business 740 PINECREST DRIVE BARTOW FL 33830		Mailing Address 740 PINECREST DRIVE BARTOW FL 33830	
2. Principal Place of Business 21 446 E. Tillman Ave Suite, Apt. #, etc. 22 City & State 23 LAKE WALES, FL Zip 24 33853 Country 25		2a. Mailing Address 26 446 E. Tillman Ave Suite, Apt. #, etc. 27 City & State 28 LAKE WALES, FL Zip 29 33853 Country 30	
3. Date Incorporated or Qualified 07/06/1998			
4. FEI Number 59-3560497			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent MCCAIN, JASON N 740 PINECREST DRIVE BARTOW FL 33830			
10. Name and Address of New Registered Agent 81 Name JASON N. MCCAIN 82 Street Address (P.O. Box Number is Not Acceptable) 446 E. Tillman Ave 83 84 City LAKE WALES, FL 85 Zip Code 33853			
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 <i>Jason N. McCain</i> Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME MCCAIN, JASON STREET ADDRESS 740 PINECREST DRIVE CITY-ST-ZIP BARTOW FL 33830		1.1 TITLE 1.2 NAME JASON N. MCCAIN 1.3 STREET ADDRESS 446 E. Tillman Ave 1.4 CITY-ST-ZIP LAKE WALES, FL 33853	
TITLE VTS NAME MCCAIN, PHILLIP M STREET ADDRESS 432 E. BULLARD AVENUE CITY-ST-ZIP LAKE WALES FL 33853		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: *Jason N. McCain* JASON N. MCCAIN 4/11/99 941-679-8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)