FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V70519** **(6)**

1. Corporation Name
OIL FIELD INDUSTRIES, INC.

Principal Place of Business	Mailing Address
P. O. BOX 5477 2600 MCCORMICK DR STE. 370 CLEARWATER FL 34618 US	504 WALKER RD SAFETY HARBOR FL 34695 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1992
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 P.O. Box 5477
Suite, Apt. #, etc. 22
City & State 23 Clearwater, FL 34618
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3146376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAYNARD, WILLIAM T JR
100 SECOND AVE S
12TH FLOOR
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Miller, Gary M.
82 Street Address (P.O. Box Number is Not Acceptable): 504 Walker Road
83
84 City: Safety Harbor, FL. 85 FL Zip Code: 34695

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: [signature] Gary M. Miller 4-26-95
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	DTS	1.1 TITLE	DPT	☐ Change ☐ Addition
NAME	MILLER, GARY M	1.2 NAME	Miller, Gary M.	
STREET ADDRESS	504 WALKER RD	1.3 STREET ADDRESS	504 Walker Road	
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	DP	2.1 TITLE	DVS	☐ Change ☐ Addition
NAME	MILLER, ROSEANN M	2.2 NAME	Miller, Roseann M.	
STREET ADDRESS	504 WALKER RD	2.3 STREET ADDRESS	504 Walker Road	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] Gary M. Miller 4-26-95 (813) 442-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0374111 CP