

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V70519
1. Corporation Name

(6)

OIL FIELD INDUSTRIES, INC.

Principal Place of Business

2051 SUNNYDALE BLVD

CLEARWATER FL 34625 33765-1202
US

Mailing Address

504 WALKER RD
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

9. Name and Address of Current Registered Agent

MILLER, GARY M
504 WALKER ROAD
SAFETY HARBOR FL 34695 - 4950

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

3-23-99
DATE

12. OFFICERS AND DIRECTORS

TITLE DPT [] DELETE

NAME MILLER, GARY M.
STREET ADDRESS 504 WALKER ROAD
CITY-STATE-ZIP SAFETY HARBOR FL

TITLE DVS [] DELETE

NAME MILLER, ROSEANN M
STREET ADDRESS 504 WALKER ROAD
CITY-STATE-ZIP SAFETY HARBOR FL

TITLE [] DELETE

NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-STATE-ZIP [] DELETE

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CITY-STATE-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-STATE-ZIP [] DELETE

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.

SIGNATURE:

G M Miller

59 APR 22 AM 10:31

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 [] Yes [] No

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL 85 Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

11 TITLE [] Change [] Addition

12 NAME [] Change [] Addition

13 STREET ADDRESS [] Change [] Addition

14 CITY-STATE-ZIP [] Change [] Addition

21 TITLE [] Change [] Addition

22 NAME [] Change [] Addition

23 STREET ADDRESS [] Change [] Addition

24 CITY-STATE-ZIP [] Change [] Addition

31 TITLE [] Change [] Addition

32 NAME [] Change [] Addition

33 STREET ADDRESS [] Change [] Addition

34 CITY-STATE-ZIP [] Change [] Addition

41 TITLE [] Change [] Addition

42 NAME [] Change [] Addition

43 STREET ADDRESS [] Change [] Addition

44 CITY-STATE-ZIP [] Change [] Addition

51 TITLE [] Change [] Addition

52 NAME [] Change [] Addition

53 STREET ADDRESS [] Change [] Addition

54 CITY-STATE-ZIP [] Change [] Addition

61 TITLE [] Change [] Addition

62 NAME [] Change [] Addition

63 STREET ADDRESS [] Change [] Addition

64 CITY-STATE-ZIP [] Change [] Addition

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-04/30/99-01118-021

****900.00 ****900.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

3-23-99 727-797-8419

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