

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
CORPORATE CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **409737** (4)
Corporate Name
LE VAR WELL DRILLING AND PUMPS, INC.

Principal Place of Business Mailing Address
12705 PARK BLVD. NORTH SEMINOLE FL 34646 **12705 PARK BLVD. NORTH SEMINOLE FL 34646**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1972** 3a. Date of Last Report **04/26/1994**

21. Principal Place of Business	26. Mailing Address	4. FET Number 59-1423148	Applied For <input type="checkbox"/> Not Applicable
22. State Apt # etc	27. State Apt # etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. City	29. City	6. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DONOVAN JR, GEORGE C. 11020 SEMINOLE BLVD. LARGO FL 34648	10. Name and Address of New Registered Agent
	01. Name
	02. Street Address (P.O. Box Number is Not Acceptable)
	03. City
	04. City FL 05. 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 _____
Name of Agent (printed name of agent) _____
Title (Registered Agent or Registered Agent/Secretary) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD LEVAR, JAMES R 12705 PARK BLVD N SEMINOLE FL	1. TITLE 1. NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP 34646
TITLE NAME STREET ADDRESS CITY ST ZIP	STD LEVAR, BARBARA J 12705 PARK BLVD. NORTH SEMINOLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP 34646
TITLE NAME STREET ADDRESS CITY ST ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(3)(b), Florida Statutes. Further, I 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 each officer and director of the corporation or the member or members 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: *Barbara J. LeVar*
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Barbara J. LeVar
04/26/1995 (813) 391-2098
Date Signature Change #