

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **K32705 (1)**  
1. Corporation Name  
**HUSS DRILLING, INC.**

**FILED**  
**95 MAY -1 PM 1:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**% ROBERT B. HUSS JR**  
**P O BOX 477**  
**DADE CITY FL 33526**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 **c/o Kelly M. Huss** 26 **c/o Kelly M. Huss**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **09/01/1988** 3a. Date of Last Report **04/19/1994**  
4. FEI Number **59-2933134** 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  
**HUSS, ROBERT B. JR**  
**P O BOX 688**  
**DADE CITY FL 33526**

10. Name and Address of New Registered Agent  
81 Name **Kelly M. Huss**  
82 Street Address (P.O. Box Number is Not Acceptable) **35920 State Road 52**  
83  
84 City **Dade City** FL 85 Zip Code **33526**

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 Kelly M. Huss DATE **2-28-95**  
Signature, typed or printed name of registered agent if the # applicable NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPT</b> <b>HUSS, ROBERT B. JR</b> <b>P O BOX 688 NA</b> <b>DADE CITY FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPS</b> <b>HUSS, KELLY M.</b> <b>P O BOX 688 NA</b> <b>DADE CITY FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>DPTS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Huss, Kelly M.</b> <b>P.O. Box 688 N/A</b> <b>Dade City, FL 33526-0688</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Huss, Robert B. Jr., VP</b> <b>P.O. Box 688 N/A</b> <b>Dade City, FL 33526-0688</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Kelly M. Huss DATE **2-28-95** TELEPHONE # **904-567-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Kelly M. Huss, President**