

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000057319 (3)</b> 1. Corporation Name: <b>EVANS WELL DRILLING, INC.</b>			
Principal Place of Business <b>471 PLEASANT ST LAKE HELEN FL 32744</b>		Mailing Address <b>471 PLEASANT ST LAKE HELEN FL 32744-3031</b>	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1994</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3257358</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>STERN, RONALD K CPA 8300 S DADELAND BLVD #209 MIAMI FL 33156</b>				10. Name and Address of New Registered Agent 81 Name <b>RONALD K. STERN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3211 PONCE DE LEON BLVD.</b> 83 <b>SUITE 305</b> 84 City <b>CORAL GABLES</b> <b>FL</b> 85 Zip Code <b>33134</b>			
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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 \_\_\_\_\_  
Sign in ink, 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 246 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE HELEN FL 32744</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, BRIAN</b>	2.2 NAME	
STREET ADDRESS	<b>PO BOX 246 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE HELEN FL 32744</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, JUANITA</b>	3.2 NAME	
STREET ADDRESS	<b>PO BOX 246 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE HELEN FL 32744</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BINNING, KENNETH</b>	4.2 NAME	
STREET ADDRESS	<b>28044 HIBISCUS AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PASLEY FL 32767</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Juanita Evans* **4-16-97 904-228-3919**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)