FILED

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000069631

1. Ovrporation Name

CLYDE'S WELL SERVICE, INC.

Principal Place of Business	Mailing Address			
4537 JAY BARLOW ROAD JAY FL 32565	4537 JAY BARLOW ROAD JAY FL 32565			
			DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	
			09/07/1995	. , ,
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3339093	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	[28]		Trust Fund Contribution	Added to Fees
Zip Country	Z(p C	Country	8. This corporation owes the corrent year I	
24 25	[29]		Personal Property Tax	[]Yes []No
9. Name and Address o	f Current Registered Agent		10. Name and Address of New Registere	d Agent
IONNICON LEMMS C		81 Name		
JOHNSON, LEWIS C		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
4537 JAY BARLOW ROAD				
JAY FL 32565		83		**
				leel a of a
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections	607.0502 and 607.1508. Florida Statutes, the	. I = I e above-named coru-	oration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the	he State of Florida. Such change was authorize	zed by the corporation	on's board of directors. I hereby accept the app	ointment as registered
1 .00	ne obligations of, Section 607.0505, Florida S	/ / - /1		
SIGNATURE FEW CLYDE	Stered agent and the if applicable (NOTE Registe	yde skni	Son 3-2-99	4
12. OFPIC		is.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE ST	and the second of the second o	1 TillE	VD	[+Change [] Addition
NAME JOHNSON, PATRICIA A	- ·		Ohnson Patricia A.	Fall o mail of 1 transmar
1000 1010 0111 00		-		
LAU PL COPOE		4	33) J. Birlins Ka	
CITY-S1-ZIP JAY FL 32565		4 CiTy-ST-ZiF	Tuy FC 32565	Classic Classic
····==	- · · · · · · · · · · · · · · · · · · ·	TTITLE G	600 2 C	[_] Addition
NAME JOHN D BARLOW	27	ω	ord Charles M.	
STREET ADDRESS 4537 J BARLOW RD	2:	3 STREET ADDRESS (537 J. Barlow P. d.	
CITY-ST-ZIP JAY FL 32565		4 City-St-ZiP	Jing # 32565	
TITLE VP	DELETE 3	1 TITLE	/	[]Change []Add-ton
NAME WARD, CHARLES M		2 NAME		
STREET ADDRESS 4537 JAY BARLOW RO.	AD a:	3 STREET ADDRESS		
CITY-ST-ZIP JAY FL	3.	4 CITY-ST-ZIP		
TITLE	[] DELETE 4:	TITLE		[] Change [] Addition
NAME	4	2 NAME	6400002791	8916 8
STREET ADDRESS	4.	3 STREET ADDRESS	9875000003 99/99/99	-01032005
CITY-ST-ZIP		4 City-St-7iF	****150.00	
TITLE		1 TITLE	The second of th	[] Change [] Addition
NAME	==	2 NAME		
		3 STREET ADURESS		
STREET ADDRESS		4 CITY-S1-7IP		
CITY-ST-ZIP		1 111LF		[Change F Addition
TITLE	1 / 50.00 10	2 NAME		Floriange Flaggigg
NAME			× 0/ 100 ==	
STREET ADDRESS	6.7	3 STREET ADORESS	5 3/E/GC aga-	

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, with all other like empowered. Lewis Clyde Johnson 3-2-99 675-6230