FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F63545 (0)

1. Corporation Name
PUTNAM WELL DRILLING, INC.

Principal Place of Business
HWY. 309
P.O. BOX 1027
WELAKA FL 32193-1027

Mailing Address
HWY. 309
P.O. BOX 1027
WELAKA FL 32193-1027

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/18/1982
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-2067492 ☐ 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
CRABTREE, A. M., JR.
RIVER BEND RD.
WELAKA FL 32093

10. Name and Address of New Registered Agent
81 Name: Joe H. Pickens
82 Street Address (P.O. Box Number is Not Acceptable): 222 N. Third Street
83
84 City: Palatka FL 85 Zip Code: 32177

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] Joe H. Pickens DATE: 6/5/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	WINKLEMAN, GUY H.	
STREET ADDRESS	STAR RT. A, BOX 617	
CITY-ST-ZIP	SATSUMA FL	
TITLE	VD	☐ DELETE
NAME	WINKLEMAN, GUY T	
STREET ADDRESS	STAR RT. A, BOX 617	
CITY-ST-ZIP	SATSUMA FL	
TITLE	SD	☐ DELETE
NAME	WINKLEMAN, TONY J.	
STREET ADDRESS	LAKE COMO DR. 3RD AVENUE	
CITY-ST-ZIP	SATSUMA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	GUY T. WINKLEMAN	
1.3 STREET ADDRESS	STAR ROUTE A, BOX 617	
1.4 CITY-ST-ZIP	SATSUMA, FL 32189	
2.1 TITLE	V/D	☒ Change ☐ Addition
2.2 NAME	TONY J. WINKLEMAN	
2.3 STREET ADDRESS	LAKE COMO DRIVE, 3RD AVENUE	
2.4 CITY-ST-ZIP	SATSUMA, FL 32189	
3.1 TITLE	S/D	☐ Change ☒ Addition
3.2 NAME	TONY J. WINKLEMAN, JR.	
3.3 STREET ADDRESS	STAR ROUTE A, BOX 617	
3.4 CITY-ST-ZIP	SATSUMA, FL 32189	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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: [signature] 6/5/96 904-467-9247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GUY T. WINKLEMAN - PRESIDENT

CR2E034 (12/95)