**FILED** 

03-01-1999 90031 009 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 400936

1. Corporation Name

J.E. CHILDERS DRILLING, INC.

|   |  |  |                     |                    |  | f 100) it aftil mails and announced and and ange arest of | VII MINIT DINII NINIS I                      |        |  |
|---|--|--|---------------------|--------------------|--|---|--|--------|--|
| Principal Place of Business Mailing Address   |  |  |                     |                    | İ  |   |  |        |  |
| 8305 MILLER DR<br>MIAMI FL 33155<br>US  |  | C/O ROGER A BRIDGES 339-3416-08R6A-045-3TE 208 CRBAN-08-8LESNFN 2016-4   |                     |                    |  | DO NOT WRITE IN THIS SPACE                                |  |        |  |
| ŲS  |  | OBJECT OF THE PARTY OF THE PART |                     |                    | ŀ  | 3. Date Incorporated or Qualifed                          |  |        |  |
|   |  |  |                     |                    |  | 05/11/1972  |  | İ      |  |
| 2 Principal Pl  | ace of Business                                      | 2a. Mailing Address  |                     |                    | $\rightarrow$  | 4. FEI Number   | Applied For                                  | , T    |  |
|   | asc of 500moo  | <b>├</b> ¬   | ¬                   |                    |  | 59-1399477  | Not Applica                                  | ble    |  |
| Suite, Apt.   | # etc  |  | Suite, Apt. #, etc. |                    |  | \$i   | 3.75 Additional                              |        |  |
|   | ,  | 27 Suite 312   | _ ` ' '             |                    |  | 5. Certificate of Status Desired                          | Fee Required                                 | - }    |  |
| City & State  |  |  | City & State        |                    |  | 6. Election Campaign Financing                            | 5.00 May Be                                  | ヿ      |  |
| 23  | •  | <u> </u>   | 7                   |                    |  |   | Added to Fees                                |        |  |
| Zip   | Country  |  | Zip Country         |                    |  | 8. This corporation owes the current year Intangib        | le   | $\neg$ |  |
| 24  | 25   | 29 33176 30  | <del></del>         |                    |  | Personal Property Tax.                                    |  |        |  |
| 24  | 9. Name and Address of Current Registered Agent      |  | <u> </u>            | ) FL               | 10. Name and Address of New Registered Agent                               |   |  | $\neg$ |  |
| 5. Name and Address of Ourtest registered Agont   |  |  |                     | 1 Name             |  |   |  |        |  |
| BRID  | GES, ROGER A   |  | L                   |                    |  |   |  |        |  |
|   | MINDROAXAVE STEX200X                                 |  | 8                   | 2 Street           | t Address (P.O. Box Number is Not Acceptable) 55 S. W. 87 Avenue Suite 312 |   |  |        |  |
|   | Alx GABLES XFk 93434x                                |  |                     | 3                  | <u>,, 5</u>  | . W. 87 Avenue Buile 5.                                   | <u>.                                    </u> |        |  |
| ac.   | AND AN INTERNAL TO THE ABOVE                         |  |                     | Mia                | ami  |   |  |        |  |
|   |  | Ī  |                     | 4 City             |  | FL 85   |  | _      |  |
|   |  |  |                     |                    |  |   | 33176  |        |  |
| 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   |  |  |                     |                    |  |   |  | .      |  |
| OIGIN ITOTAL  | Signature, typed or printed name of registered agent |  |                     | jent signature     | required w   | when reinstating) DATE                                    | DECTODE IN A                                 |        |  |
| 12.   | OFFICERS ANI   |  | 13.                 |                    |  | ADDITIONS/CHANGES TO OFFICERS AND DI                      | Change                                       | _      |  |
| TITLE   | VP   | ☐ DELETE   | 1.1 TITU            |                    |  | LJ'   | zilange ∐ Adi                                | 3,000  |  |
| NAME  | FIENRIA II, ONIC G                                   |  | 1.2 NAME            |                    |  |   |  |        |  |
| STREET ADDRESS  | 3317 STATLER DR.                                     |  | 1.3 STRI            | 1.3 STREET ADDRESS |  | •   |  |        |  |
| CITY-ST-ZIP   |  |  | 1.4 CITY            | -ST-ZIP            | Д  |   |  | CULT   |  |
| TITLE   | PD   | ☐ DELETE   | 2.1 TITLE           |                    |  | Į.J.  | Change                                       |        |  |
| NAME  | CHILDERS, JAMES E 2.2 N                              |  | 2.2 NAM             | AME ·              |  |   |  |        |  |
| STREET ADDRESS  | 8305 MILLER DRIVE 23 ST                              |  | 2.3 STRI            | 2.3 STREET ADDRESS |  |   | . ــ ــ ــ                                   |        |  |
| CITY-ST-ZIP   | MIAMI FL* 2 40                                       |  | 2 4 CITY            | -ST-ZIP            |  |   |  |        |  |
| TITLE   | ST   | ☐ DELETE   | 3.1 TITLI           | _                  | ]  |   | Change                                       | dition |  |
| NAME  | CHILDERS, MARJORIE H                                 |  | 3.2 NAM             | E                  |  |   |  |        |  |
| STREET ADDRESS  | 8305 MILLER DRIVE                                    |  |                     | ET ADDRESS         | ;  | ,   |  |        |  |
| CITY-ST-ZIP   | _  |  | 3.4. CITS           | -ST-ZiP            |  |   |  |        |  |
| TITLE   | AVD  | ☐ DELETE   | 4.1 TITL            | :                  | T  |   | Change Ade                                   | dition |  |
| NAME  | MADDUX, MCMINN SUSAN                                 |  | 4. 2 NAN            | Æ                  |  |   |  |        |  |
| STREET ADDRESS  | 112 N. COUNTRY CLUB DRIVE                            |  | 4.3 STRI            | ET ADDRESS         | ;  |   |  |        |  |
| CITY-ST-ZIP   | HENDERSONVILLE TN                                    |  | 4.4 CITY            |                    |  |   |  |        |  |
| TITLE   | Tige viral 10 0117 label 117                         | ☐ DELETE   | 5.1 TTL             |                    | $\top$   |   | Change                                       | dition |  |
| NAME  |  |  | 5.2 NAM             | E                  |  | •   |  | 1      |  |
| STREET ADDRESS  |  |  | 5.3 STRI            | ET ADDRESS         | 3  |   |  | - }    |  |
|   |  |  | 5.4 CITY            | -ST-ZIP            |  | •   |  | }      |  |
| CITY-ST-ZIP   |  | ☐ DELETE   | 6.1 TITL            |                    | +  |   | Change                                       | dition |  |
|   |  |  | 6.2 NAM             |                    |  |   | • –  |        |  |
| NAME  |  |  |                     |                    | 1  |   |  |        |  |

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 any oddress, with all other like empowered.

6.4 CITY-ST-ZIP

3.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP