FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:18

DOCUMENT # **465226** **(9)**

1. Corporation Name
PARTRIDGE WELL DRILLING COMPANY, INC.

Principal Place of Business	Mailing Address
3233 HWY 17 SOUTH ORANGE PARK FL 32073	3233 HWY 17 SOUTH ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1974**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1564237** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State
City & State
6. Election Campaign Financing ☐ **$5.00** May Be Added to Fees
Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARTRIDGE, DONAL MERRITT, JR.
4744 COLLINS ROAD
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☐ Change ☐ Addition
NAME	ALDERSON LINDA LOUISE	12 NAME	
STREET ADDRESS	18888 OSPREY BLUFF BLVD	13 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	PARTRIDGE, MARGARET BLK	22 NAME	
STREET ADDRESS	3233 HWY 17 S	23 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	PARTRIDGE JR DONAL MERRITT	32 NAME	
STREET ADDRESS	505 CREIGHTON RD	33 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	34 CITY ST ZIP	
TITLE	PART	41 TITLE	☐ Change ☐ Addition
NAME	RIDGE, DONAL MERRITT	42 NAME	
STREET ADDRESS	60 OLD HARD ROAD	43 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SOHA, DIANE	52 NAME	
STREET ADDRESS	2120 FLINTLOCK CT	53 STREET ADDRESS	
CITY ST ZIP	GREEN COVE SPRGS, F00000	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PARTRIDGE, MARGARET BLK	62 NAME	
STREET ADDRESS	3233 HWY 17 S	63 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK, FL 0	64 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)(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: Margaret B Partridge — April 11, 1995 — 904-269-1333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
MARGARET B PARTRIDGE

000044 CP