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

1. Corporation Name

PARTRIDGE WELL DRILLING COMPANY, INC.

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

Mailing Address
3233 HWY 17 SOUTH
ORANGE PARK FL 32073

3. Date Incorporated or Qualified: 11/19/1974

3a. Date of Last Report: 04/13/1995

4. FEI Number: 59-1564237 — 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

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

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, Sections 607.0505, Florida Statutes.

SIGNATURE — Signature of a member of the board of directors or trustees or a duly authorized officer — Typed or Printed Name of Signing Officer — Date

12. OFFICERS AND DIRECTORS

TITLE	ST	☐ DELETE
NAME	ALDERSON LINDA LOUISE	
STREET ADDRESS	18886 OSPREY BLUFF BLVD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VP	☐ DELETE
NAME	PARTRIDGE, MARGARET BLK	
STREET ADDRESS	3233 HWY 17 S	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	PD	☐ DELETE
NAME	PARTRIDGE JR DONAL MERRITT	
STREET ADDRESS	505 CREIGHTON RD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	PART	☐ DELETE
NAME	RIDGE, DONAL MERRITT	
STREET ADDRESS	60 OLD HARD ROAD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	☐ DELETE
NAME	SOHA, DIANE	
STREET ADDRESS	2120 FLINTLOCK CT	
CITY-ST-ZIP	GREEN COVE SPRGS, F00000	
TITLE	D	☐ DELETE
NAME	PARTRIDGE, MARGARET BLK	
STREET ADDRESS	3233 HWY 17 S	
CITY-ST-ZIP	ORANGE PARK, FL 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 accurate, 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: Margaret B Partridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 17 1996
Date

904-269-1333
Daytime Phone #

CR2E034 (12/95)