


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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90023 041 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 465226					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1974	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1564237	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
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		
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ST ALDERSON LINDA LOUISE			1.2 NAME		
STREET ADDRESS 18886 OSPREY BLUFF BLVD			1.3 STREET ADDRESS		
CITY-ST-ZIP ORANGE PARK FL			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VP PARTRIDGE, MARGARET BLK			2.2 NAME		
STREET ADDRESS 3233 HWY 17 S			2.3 STREET ADDRESS		
CITY-ST-ZIP ORANGE PARK FL			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PD PARTRIDGE JR DONAL MERRITT			3.2 NAME		
STREET ADDRESS 3125 CREIGHTON FOREST RD			3.3 STREET ADDRESS		
CITY-ST-ZIP ORANGE PARK FL			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PART RIDGE, DONAL MERRITT			4.2 NAME		
STREET ADDRESS 60 OLD HARD ROAD			4.3 STREET ADDRESS		
CITY-ST-ZIP ORANGE PARK FL			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D SOHA, DIANE			5.2 NAME		
STREET ADDRESS 2120 FLINTLOCK CT			5.3 STREET ADDRESS		
CITY-ST-ZIP GREEN COVE SPRGS, F00000			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D PARTRIDGE, MARGARET BLK			6.2 NAME		
STREET ADDRESS 3233 HWY 17 S			6.3 STREET ADDRESS		
CITY-ST-ZIP ORANGE PARK, FL 0			6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Margaret B. Partridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3.31-99
Date

904.269-1333
Daytime Phone #