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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 492427

(0)

CENTRAL FLORIDA WELL DRILLERS, INC.

**FILED** Mar 27 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				
3720 N. ORAN	IGE BLOSSOM TRAIL		3720 N. ORANGE BLOSSOM TRAIL			
ORLANDO FL 32604		ORLANDO FL 32804	ORLANDO FL 32804			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						12/08/1975
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21 Cuita Ant	# ata	Suite Ant # etc	Suite, Apt. #, etc.			59-1635347   Not Applicable   \$8.75 Additional
Suite, Apt.	#, OC.	<u> </u>	27			5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	·		Personal Property Tax due June 30. 🗹 Yes 🗌 No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
	WART, DAVID A	n.				
	O N. ORANGE BLOSSOM TRA	<b>IL</b>		62	Street Add	dress (P.O. Box Number is Not Acceptable)
UHI	LANDO FL 32804			83		
				L.	0.5	85 Zip Code
				84	City	FL [ ]
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the a	bove	e-named corp	orporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the obt	igations of, Section 607.0505, I	Florida Sta	tutes	1 (16 corpora 3.	reposition submits this statement for the purpose of charging its registered attention's board of directors. I hereby accept the appointment as registered
SIGNATURE						outred when reinstating) DATE
12.	Signature, typed or printed name of registered:	AND DIRECTORS	13.	a Age	auf aithuarnia inde	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.17	ITLE		Change Addition
NAME	STEWART, DAVID A.		1.2 N	AME		
STREET ADDRESS	3720 N ORANGE BLOSSON	TRAIL	1.3 S	TREE I	ADDRESS	
CITY-ST-ZIP	ORLANDO FL				T-ZIP	
TITLE	VD	☐ DELETE	2.1 T			Change Addition
NAME	STEWART, GEORGE H.		2.2 N			
STREET ADDRESS	3720 N ORANGE BLOSSON	I IKAIL			ADDRESS	
CITY-ST-ZIP TITLE	ORLANDO FL STD	DELETE	3.1 T		ST-ZIP	☐ Change ☐ Addition
NAME	STEWART, JOHN	<u> </u>	3.1 y			
STREET ADDRESS	3720 N. ORANGE BLOSSO	V			ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4. (	OTY-	ST-ZIP	A Parameter Control of the Control o
TITLE		☐ DELETE	4.1 T	ITLE		Change Addition
NAME			4. 2 1	NAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY - ST - ZIP		D octor			T-ZIP	Change Addition
TITLE		DELETE	51T			Citange Ci Adulton
NAME			5.2 N		ADDOLOG	
STREET ADDRESS			•		ADDRESS ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	6.1 T		01-6IF	☐ Change ☐ Addition
NAME			6.2 N		1	
STREET ADDRESS					ADDRESS	
CITY+ST-7IP			6.4 0	ITY- 9	iT-ZIP	
14 I hereby	certify that the information supplied	with this filing does not qualify	for the ex	emp	tion stated in	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 outh; that I am an officer or director of the corporation or the register of the corporation of the

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