Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90007 031 ***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 # 492427

1. Corporation Name

CENTRAL FLORIDA WELL DRILLERS, INC.

	,										
Principal Place of Business Mailing Address								1 198 111 4:000 :0115 11011 01010 1101			
720 N. ORANGE BLOSSOM TRAIL 3720 N. ORANGE BLOSSOI							1				
ORLANDO FL 3		ORLANDO	ANDO FL 32804				- 1	DO NOT WRIT	E IN THIS S	PACE	
							-	3. Date Incorporated or Qualifed	E IN THIS C	TOL	
								12/08/1975			
		0- 14-2:-	Add====	·				12/00/1973 4. FEI Number		Ι Δ.	oplied For
¬ ′′	ace of Business	2a. Mailing Address						59-1635347			ot Applicable
1	*	Suite, Apt. #, etc.					\dashv				Additional
Suite, Apt.:	#, etc.	27 Suite, Apr. #, etc.						5. Certifcate of Status Desired			equired
City & State		City & State					-	6. Election Campaign Financing		\$5.00	May Be
¬. ′ .		28					-	Trust Fund Contribution			to Fees
3∫ Zip	Country	Zip Country				_		8. This corporation owes the curre	ent vear Intai	naible	
- '	25	29	ſ	30			1	Personal Property Tax.		∐Yes '	□No
4	9. Name and Address of Current I			30 [_		10. Name and Address of New R	egistered A	gent	
	J. Harris and Haard St. Salvistic	3	-9		81	Name					
STEV	vart, david a			'		<u> </u>		(D.C. D. Allerthania Nist Asserta	hio)		
3720			82	Street A	Address	Idress (P.O. Box Number is Not Acceptable)					
ORLA	ANDO FL 32804				83						
										,,	
					84	City			FL	85 Zip	Code
agent. I a	to the provisions of Sections 607,002.7 aggistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section	on 607.0505, Flor	ida Stati	utes.			nen reinstating)	DATE		
	OFFICERS AND			13.	/ Igoth			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	PD	DII (LOTO)	DELETE	1,1 TF	ΠE					☐ Change	☐ Addition
NAME	STEWART, DAVID A.		_	1.2 NA	ME	İ					
ì	3720 N ORANGE BLOSSOM TRA	.O				ADDRESS					1
STREET ADDRESS	ORLANDO FL	u -			TY-ST						
CITY-ST-ZIP TITLE	VD		DELETE	2.1 T		-21,				Change	☐ Addition
	STEWART, GEORGE H.		—	2.2 N/							
NAME	3720 N ORANGE BLOSSOM TRA	n				ADORESS					}
STREET ADDRESS	ORLANDO FL	uL.		2.4 C		i					}
CITY-ST-ZIP			☐ DELETE	3.1 TI		1-21				☐ Change	☐ Addition
TITLE	OID			3.2 NAME						_ 3	
NAME	STEWART, JOHN 3720 N. ORANGE BLOSSOM		- 	3.3 STREET ADDRESS		ADDRESS .		•	-		Ì
STREET ADDRESS	ORLANDO FL				3.4. CITY-ST-ZIP						Ì
CITY-ST-ZIP TITLE	OTILINIO I E		☐ DELETE	4.1 TI		(- 24)				☐ Change	☐ Addition
NAME .				4.2 N		ĺ				•	
ļ					_	ADDRESS					Į.
STREET ADDRESS					TY-S1						j
CITY-ST-ZIP			DELETE	5.1 TF		-zır		•		☐ Change	☐ Addition
TITLE	-			5.2 N						_ •	
NAME			1 .111.0			ADORESS	!				\
STREET ADDRESS:			H. 1 10 1	540	TY- 87	r-ZIP 3					
CITY-ST-ZIP TITLE	3 77 3	na .:: ii	DELETE	6.1 TI						Change	Addition
				6.2 N						_ •	_
NAME OTDEET ADDDEED				1		ADDRESS	ı				ļ

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP