

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

FILED  
May 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 623964 (4)  
1. Corporation Name  
STUCKY WELL DRILLING, INC.



Principal Place of Business 1107 SE 12TH PLACE CAPE CORAL FL 33990	Mailing Address 1107 SE 12TH PLACE CAPE CORAL FL 33990-5000
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1979		3a. Date of Last Report 04/16/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 59-1924232		Applied For Not Applicable	
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STUCKY, W.M. 1107 S.E. 12 PL. CAPE CORAL FL 33990				10. Name and Address of New Registered Agent			
				81 Name RUTH A. STUCKY			
				82 Street Address (P.O. Box Number is Not Acceptable) 1107 S.E. 12th Place			
				83			
				84 City Cape Coral			
				85 Zip Code FL 33990			

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 *Ruth A. Stucky* RUTH A. STUCKY PRES. 5-15-97  
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	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUCKY, RUTH A			1.2 NAME			
STREET ADDRESS	5689 EICHEN CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 00000			1.4 CITY-ST-ZIP			
TITLE	VS D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, DAVID K			2.2 NAME			
STREET ADDRESS	1251 HALL DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. FT. MYERS FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STUCKY, W. M			3.2 NAME	D		
STREET ADDRESS	1107 S.E. 12TH PL			3.3 STREET ADDRESS	CARTER, HARLEY D.		
CITY-ST-ZIP	CAPE CORAL FL			3.4 CITY-ST-ZIP	1741 Ixora Dr.		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	D		
STREET ADDRESS				4.3 STREET ADDRESS	ROBESON, MARK A.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	20150 Pearce St.		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME	N.Ft. Myers, FL. 33917		
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE *David Hall* DAVID HALL 4-4-97 941-574-1666

CR2E034 (9/96)