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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 667227

1. Corporation Name

7227 (3)

DOC FAISON WELL DRILLING & EQUIPMENT, INC.

 Principal Place of Business
 Mailing Address

 U.S. HWY. 90 EAST
 U.S. HWY. 90 EAST

 P.O. DRAWER 400
 P.O. DRAWER 400

 BONIFAY FL 32425
 BONIFAY FL 32425-0400

FILED Apr 22 1997 8:00am Secretary of State



								04/18/1980		04	/27/1996	торол
2. Principal P	lace of Busi	ness	2a. Mailing A	ddress				4. FEI Number	_			pplied For
21			26					59-199414	0			lot Applicable
Suite, Apt 22	#, etc		Suite, Ap	t. #, etc.				5. Certificate of Sta	atus Desired			Additional lequired
City & Stati	£.	The shinest	City & St	ate				6. Election Campa Trust Fund Cont	-			May Be to Fees
Zφ		Country	Zip		Count	try	7.77.	8. This corporation	· · · · · · · · · · · · · · · · · · ·	ntangible		
4		25	29		30			Florida Statutes			□ No	
	9, Name	and Address of Curr	ent Registered Age	int				10. Name and Add	ress of New Re	gistered	Agent	
FA!	SON, W.C.	•			8	31	Name					
	HWAY 90				la	32	Street Add	ress (P.O. Box Number	is Not Acceptab	ole)		
	NIFAY FL							755 (1751 257 1561)				
					8	93		:				
					ها	34	City				85 Zip	Code
							Ony			FL	, 65 - 15	0000
agent Ta SIGNATURE	ımı famıllar v	vith, and accept the obl	igations of, Section (607.0505, F	lorida Statut	tes.		tion's board of directors	s. Thereby acces		omment a	s registered
12.	Stephalare Appli	Tor profled name of registured	agent and tille if applicable AND DIRECTORS	(NO	TE Registered A	Agen	it signature requ	ired when reinstating) ADDITIONS/CHA	NIGER TO OFFIC	DATE NEDO ANI	OIDECTO	DC IN 10
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I do neredy cert y that the information supplied with this filling does not qualify or the exemption stated in Section 119.07(3)(), Florida Statutes. Fidther 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 904-549-4244