

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831210 (0)

1. Corporation Name
DRILTECH INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 AM 11:14

Principal Place of Business Mailing Address
DRILTECH DRIVE, SR 235 DRILTECH DRIVE, SR 235
P.O. BOX 338 P.O. BOX 338
ALACHUA FL 32615 ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/02/1973	03/28/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1488079	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
MULLIS, HAROLD W., JR. 2600 FIRST FLORIDA TOWER TAMPA FL 33601				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				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	
		FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DOP	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAKOAHU, LASSE	1.2 NAME	MASSEL, LORNE
STREET ADDRESS	1 DRILTECH DRIVE	1.3 STREET ADDRESS	1 DRILTECH DRIVE
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	ALACHUA, FL
TITLE	D	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMMONEN, EERO	2.2 NAME	KIVIMAKI, SEPPO
STREET ADDRESS	1 DRILTECH DRIVE	2.3 STREET ADDRESS	782 N.W. 42ND AVE., SUITE 429
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JOHN R.	3.2 NAME	
STREET ADDRESS	1 DRILTECH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP	
TITLE	VO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, RICHARD	4.2 NAME	
STREET ADDRESS	1 DRILTECH DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAKOBSEN, OLE	5.2 NAME	
STREET ADDRESS	1 DRILTECH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	5.4 CITY-ST-ZIP	
TITLE	VO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, TED	6.2 NAME	
STREET ADDRESS	1 DRILTECH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 registrar 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 as an attachment with an address.

SIGNATURE: John R. Walsh JANUARY 18, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year