

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **852089** (2)

1. Corporation Name

ENERGY DRILLING COMPANY



Principal Place of Business

Mailing Address

**413 LIBERTY RD.
P. O. BOX 905
NATCHEZ MS 39120-7905**

**413 LIBERTY RD.
P. O. BOX 905
NATCHEZ MS 39120-7905**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/08/1982

3a. Date of Last Report

01/27/1995

4. FEI Number

74-2019219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GERMANY, NORMAN G	
STREET ADDRESS	4011 STANHOPE DR	
CITY - ST - ZIP	DALLAS, TX 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DALE, WILTON R	
STREET ADDRESS	503 N OAK ST	
CITY - ST - ZIP	VIDALIA, LA 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FERGUSON, A J	
STREET ADDRESS	204 SOMERSET DR.	
CITY - ST - ZIP	NATCHEZ, MS 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DALE, JOHN IV	
STREET ADDRESS	408 S. COMMERCE ST.	
CITY - ST - ZIP	NATCHEZ, MS 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURNS, PAT	
STREET ADDRESS	602 SOUTH UNION ST	
CITY - ST - ZIP	NATCHEZ, MS 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Feltus, W. J. III	
1.3 STREET ADDRESS	200 Devereaux Drive	
1.4 CITY - ST - ZIP	Natchez, MS 39121	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bertolet, Robert C.	
2.3 STREET ADDRESS	114 Sgt. S. Prentiss Drive	
2.4 CITY - ST - ZIP	Natchez, MS 39120	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Furrh, James B. Jr.	
3.3 STREET ADDRESS	4015 Boxwood Circle	
3.4 CITY - ST - ZIP	Jackson, MS 39211	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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:

Pat Burns, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 601/446-5259

Date

Daytime Phone #

CR2E034 (12/95)