FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

95 MAR 13 PM 2:09

DOCUMENT # F33330 (4)

1. Corporation Name
CHANDLER'S WELL DRILLING, INC.

Principal Place of Business	Mailing Address
~~% JIMMIE M CHANDLER~~	~~% JIMMIE M CHANDLER~~
~~410 INDIAN BAY BLVD~~	~~410 INDIAN BAY BLVD~~
MERRITT ISLAND FL 32953	MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1981
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 2845 N BANANA RIVER DR	26 CHANDLERS WELL DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 410 INDIAN BAY BLVD.
23 City & State MERRITT ISLAND FLA.	28 City & State MERRITT ISLAND
24 Zip 32953 25 Country USA BREVARD	29 Zip 32953 30 Country USA

4. FEI Number: 59-2096068 ☐ 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

9. Name and Address of Current Registered Agent

CHANDLER, CHARLES C JR
410 IND BAY BLVD
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, CHARLES C JR	1.2 NAME	
STREET ADDRESS	410 IND BAY BLVD	1.3 STREET ADDRESS	NONE
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, CHARLES C	2.2 NAME	
STREET ADDRESS	410 IND BAY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	2.4 CITY-ST-ZIP	600001430516
TITLE		3.1 TITLE	-03/15/95--01033--015 ☐ Change ☐ Addition
NAME		3.2 NAME	****200.00 ****200.00
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: CHARLES C CHANDLER SR 3/5/95 (407) 452-1579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LW 3-13-95

007A077 CP