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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

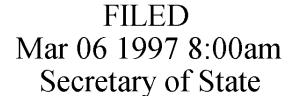
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F58026

(8)

LYNCH WELL DRILLING, INC.		
ncipal Piace of Business	Mailing Aodress	
W.P. LYNCH. SR UTE 6, BOX 464 (E City FL 32055	% W.P. LYNCH. SR ROUTE 6, BOX 464 LAKE CITY FL 32025-9129	





* W.P. LYNCH. SR ROUTE 6. BOX 464 LAKE CITY FL 32055		Mailing Aodress W.P. LYNCH. SR ROUTE 6, BOX 464 LAKE CITY FL 32025-9129			3. Date Incorporated or Qualified 12/10/1981 3a. Date of Last Report 03/19/1996				
2. Principa: F	lace of Business	2a. Mailing Addre	SS		4, FEI Number			plied For	
21		26			59-2144995		h	t Applicab	
Suitc, Apt	# etc.	Suite Apt. #, (etc.					Additional	
2	· · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Status Desired		Fee Re		
City & Stat	e	City & State		-	6: Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added		
Zφ 	Country	Zφ	Cour	itry	 This corporation has liability for 			199.032,	
4	25	[29]	30			Yes 🔲 N			
	9, Name and Address of Cu	irrent Hegistered Agent		04 11	10. Name and Address of New R	egistered Age	nt	······································	
	CH, ANNA Y.			81 Name					
	ITE 6, BOX 464		ļ ļ	B2 Street Ad	ddress (P.O. Box Number is Not Accepta	ble)			
LAK	E CITY FL 32055				······································				
				83					
				84 City		 8	5 7in (Code	
		95 W	165 8 (1 5 5)	(M) (A A A A A A A A A A A A A A A A A A A	orporation submits this statement for the	PL I			
SIGNATURE	a comment of the contract of the comment of the contract of th	Li upest and title if applicable AND DIRECTORS	(NO)E: Registered	Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFF			****	
I ILE	ST HENCOUR LINDA	☐ DEL				Ш	Change	Addition	
VAME	NEWCOMB, LINDA RT 6 BOX 464		1.2 NA	·					
SPERENTORESS	1			EET ADDRESS					
31Y+S1+2F	LAKE CITY FL	[] bri		Y - ST - ZIP			Oharra	1.120	
ITEF.	1	∐ DEL					Change	Additi	
AMI	LYNCH, ANNA Y		2.2 NAI						
STYLE FADURESS	ROUTE 8, BOX 464 LAKE CITY FL			EET ADDRESS					
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AV:		[_] (((6.2 NA			LJ	orlange	Additio	
vecvi: Street additess			1						
SITY - ST - ZVP				EET ADORESS					
131270			■ b.4 CII	r-\$1-2IP					

14. I do hereby cell by 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 have 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 650k 12 or Block 13 if changed, or on an attachment with an address.

904) 752-6677