

**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 # F94000002420 (7)**

1. Corporation Name

**A.E. DRILLING SERVICES, INC.**

Principal Place of Business

**5925 IMPERIAL PARKWAY, SUITE 217  
MULBERRY FL 33660**

Mailing Address

**5925 IMPERIAL PARKWAY, SUITE 217  
MULBERRY FL 33660**

**APPROVED  
AND  
FILED**

**95 APR 11 PM 2:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/10/1994**

3a. Date of Last Report

**NA**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

4. FEI Number

**57-0936638**

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

**23**

City & State

**28**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

Zip

**24**

Country

**25**

Zip

**29**

Country

**30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARON, LAWRENCE J  
5925 IMPERIAL PARKWAY  
SUITE 217  
MULBERRY FL 33660**

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 resigning

DATE

12. OFFICERS AND DIRECTORS

|                 |                              |
|-----------------|------------------------------|
| TITLE           | <b>PD</b>                    |
| NAME            | <b>LASSITER, MARK L</b>      |
| STREET ADDRESS  | <b>RT 2, BOX 174-P</b>       |
| CITY - ST - ZIP | <b>HIGHLANDS NC</b>          |
| TITLE           | <b>STD</b>                   |
| NAME            | <b>HAMMOND, CLINTON D</b>    |
| STREET ADDRESS  | <b>4097 VOLLEY LANE</b>      |
| CITY - ST - ZIP | <b>NORCROSS GA</b>           |
| TITLE           | <b>CD</b>                    |
| NAME            | <b>REENEN, WILLEM J</b>      |
| STREET ADDRESS  | <b>5395 BANNERGATE DRIVE</b> |
| CITY - ST - ZIP | <b>ALPHARETTA GA</b>         |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 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 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 receiver or in lieu empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of officer or director is indicated.

**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*W. J. Van Keenen*  
**W. J. Van Keenen**

**3/18/95 404-426-3555**