

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003733

1. Corporation Name
HYDRAULIC WELL CONTROL, INC.

Principal Place of Business P.O. BOX 1885 HOUMA LA 70361	Mailing Address P.O. BOX 1885 HOUMA LA 70361
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FILED

99 JUN 16 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 116 VENTURE BLVD.		2a. Mailing Address 26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State HOUMA LA		28 City & State	
24 Zip 70360		29 Country 25 USA	
26		30	

3. Date Incorporated or Qualified 07/18/1994	
4. FEI Number 72-0867683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	SKEANS, JAMES L	1.2 NAME	DON B. COBB
STREET ADDRESS	504 TERRE HAUTE PLACE	1.3 STREET ADDRESS	NO. 1 STONE'S THROW DR. #225
CITY-ST-ZIP	HOUMA LA 70364	1.4 CITY-ST-ZIP	HOUMA, LA 70360
TITLE	EVP	2.1 TITLE	ST
NAME	TROSCLAIR, SHANNA C	2.2 NAME	GABRIEL ALDAPE
STREET ADDRESS	218 TIGER TAIL RD	2.3 STREET ADDRESS	204 TIGER TAIL RD.
CITY-ST-ZIP	HOUMA LA 70360	2.4 CITY-ST-ZIP	HOUMA, LA 70360
TITLE	ST	3.1 TITLE	
NAME	TROSCLAIR, SHANNA C	3.2 NAME	
STREET ADDRESS	218 TIGER TAIL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUMA LA 70360	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify 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 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, with all other lists empowered.

SIGNATURE: Gabriel Aldape 5/79 (504) 851-2402

CR2E034 (11/98)