

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000922 (3)**

1. Corporation Name

**JANCO DIRECTIONAL DRILLING, INC.**



Principal Place of Business

9820 CREEKFRONT RD. #811  
JACKSONVILLE FL 32256

Mailing Address

9820 CREEKFRONT RD. #811  
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified **02/24/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **38-2970403** Applied For Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

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

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUGENSTEIN, ANGELA**  
9820 CREEKFRONT RD #811  
JACKSONVILLE FL 32256

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 607.1509, 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 (handwritten or typed name of the person signing)

Signature (handwritten or typed name of the person signing)

(Date)

12. OFFICERS AND DIRECTORS

| TITLE | NAME                            | STREET ADDRESS          | CITY - ST - ZIP        | <input type="checkbox"/> DELETE |
|-------|---------------------------------|-------------------------|------------------------|---------------------------------|
|       | <b>PST RUGENSTEIN, JANICE T</b> | <b>4835 11 MILE RD.</b> | <b>AUBURN MI 48611</b> | <input type="checkbox"/>        |
|       |                                 |                         |                        | <input type="checkbox"/>        |
|       |                                 |                         |                        | <input type="checkbox"/>        |
|       |                                 |                         |                        | <input type="checkbox"/>        |
|       |                                 |                         |                        | <input type="checkbox"/>        |
|       |                                 |                         |                        | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                            | STREET ADDRESS                 | CITY - ST - ZIP               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|-------|---------------------------------|--------------------------------|-------------------------------|--|
|       | <b>VP EDWARD RUGENSTEIN SA.</b> | <b>4835 11 MILE RD</b>         | <b>AUBURN, MI 48611</b>       | <input checked="" type="checkbox"/>  |
|       | <b>Δ PATRICIA RUGENSTEIN</b>    | <b>9820 CREEKFRONT RD #811</b> | <b>JACKSONVILLE, FL 32256</b> | <input checked="" type="checkbox"/>  |
|       |                                 |                                |                               | <input type="checkbox"/>   |
|       |                                 |                                |                               | <input type="checkbox"/>   |
|       |                                 |                                |                               | <input type="checkbox"/>   |
|       |                                 |                                |                               | <input type="checkbox"/>   |
|       |                                 |                                |                               | <input type="checkbox"/>   |
|       |                                 |                                |                               | <input type="checkbox"/>   |
|       |                                 |                                |                               | <input type="checkbox"/>   |
|       |                                 |                                |                               | <input type="checkbox"/>   |

14. I do hereby certify that the information supplied with this filing is a true and correct copy of the information required by the 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: *Janice Rugenstein* **JANICE RUGENSTEIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96 (517) 663-2319**

CR2E034 (12/95)