

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32256-1800
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2. Principal Place of Business 21 10135 GATE PARKWAY State, Apt. #, etc. 22 APT. # 506 City & State 23 JACKSONVILLE, FL Zip 24 32246	2a. Mailing Address 26 10135 GATE PARKWAY State, Apt. #, etc. 27 APT. # 506 City & State 28 JACKSONVILLE, FL Zip 29 32246	3. Date Incorporated or Qualified 02/24/1995	3a. Date of Last Report 05/01/1996	4. FEI Number 38-2970403	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RUGENSTEIN, ANGELA 9820 CREEKFRONT RD #811 JACKSONVILLE FL 32256	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
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUGENSTEIN, JANICE T		1.2 NAME	
STREET ADDRESS 4835 11 MILE RD.		1.3 STREET ADDRESS	
CITY - ST - ZIP AUBURN MI 48611		1.4 CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUGENSTEIN, EDWARD SR.		2.2 NAME	
STREET ADDRESS 4835 11 MILE ROAD		2.3 STREET ADDRESS 10135 GATE PARKWAY #506	
CITY - ST - ZIP AUBURN MI		2.4 CITY - ST - ZIP JACKSONVILLE, FL 32246	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUGENSTEIN, PATRICK		3.2 NAME	
STREET ADDRESS 9820 CREEKFRONT ROAD #811		3.3 STREET ADDRESS	
CITY - ST - ZIP JACKSONVILLE FL		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Janice T. Rugenstein **APRIL 3 1997** (517) 662-6206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)