

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

FILED
Apr 24 1997 8:00am
Secretary of State

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



2. Principal Place of Business

21 10135 GATE PARKWAY

Suite, Apt. #, etc.

22 APT. # 506

City & State

23 JACKSONVILLE, FL

24 32246

Country

25 USA

2a. Mailing Address

26 10135 GATE PARKWAY

Suite, Apt. #, etc.

27 APT. # 506

City & State

28 JACKSONVILLE, FL

29 32246

Country

30 USA

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

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ 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

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

TITLE PST ☐ DELETE
NAME RUGENSTEIN, JANICE T
STREET ADDRESS 4835 11 MILE RD.
CITY- ST- ZIP AUBURN MI 48611

TITLE VP ☐ DELETE
NAME RUGENSTEIN, EDWARD SR.
STREET ADDRESS 4835 11 MILE ROAD
CITY- ST- ZIP AUBURN MI

TITLE D ☐ DELETE
NAME RUGENSTEIN, PATRICK
STREET ADDRESS 9820 CREEKFRONT ROAD #811
CITY- ST- ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 10135 GATE PARKWAY #506
2.4 CITY- ST- ZIP JACKSONVILLE, FL 32246

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 3 1997

(517) 662-6206

0040826

CR2E034 (9/96)