

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003817 (2)

1. Corporation Name

SUBSURFACE EXPLORATION EQUIPMENT RENTALS, INC.



Principal Place of Business

4123 N. TAMiami TRAIL, #205
SARASOTA FL 34234

Mailing Address

4123 N. TAMiami TRAIL, #205
SARASOTA FL 34234

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/07/1995

3a. Date of Last Report
JUNE 1995

4. FEI Number
88-0290847

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KERFOOT, HELEN B
4123 N. TAMiami TRAIL, #205
SARASOTA FL 34234

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of person making this statement (if not the registered agent)

Signature of Registered Agent (if not the person making this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	DELETE
NAME	KERFOOT, HENRY B	
STREET ADDRESS	3057 HEBARD	
CITY-ST-ZIP	LOS VEGAS NV 89121	
TITLE	VS	DELETE
NAME	KERFOOT, WILLIAM P	
STREET ADDRESS	451 BASIN RUN RD.	
CITY-ST-ZIP	CONOWINGO MD 21918	
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. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen B. Kerfoot President 2/1/96 1-800-577-7337

CR2E034 (12/95)