

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

12/09/1997

DOCUMENT # F97000006479
 1. Corporation Name
R. A. SIMMONS WELL DRILLING CO., INC.



Principal Place of Business: 117 ALBEMARLE AVE SW, ROANOKE VA 24016
 Mailing Address: 117 ALBEMARLE AVE SW, ROANOKE VA 24016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Route 3 Box 236, Suite, Apt. #, etc.
 22 City & State: Buchanan, Va
 23 Zip: Va, Country: 24066

2a Mailing Address: 26 Same as #2
 27 Suite, Apt. #, etc.
 28 City & State
 29 Zip, Country

3. Date Incorporated or Qualified: 12/09/1997
 4. FEI Number: 54-0969571
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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, State (FL), 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PCVS	
NAME	SIMMONS, RICHARD	
STREET ADDRESS	117 ALBEMARLE AVE SW	
CITY-ST-ZIP	ROANOKE VA 24016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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 like empowered.

SIGNATURE: Richard Simmons Date: 3/19/99 540 254-2289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #