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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G39325

(7)

1. Corporation Name

REPUBLIC DRILL CORPORATION

Principal Place of Business

C/O HYMAN ASH  
8405 NW 66 ST.  
MIAMI FL 33166-2630  
US

Mailing Address

C/O HYMAN ASH  
8405 NW 66 ST.  
MIAMI FL 33166-2630  
US



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

05/02/1983

3a. Date of Last Report

03/19/1996

4. FEI Number

36-3234615

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

9. Name and Address of Current Registered Agent

MICHAEL I REIS  
8405 NW 66 STREET  
MIAMI FL 33166

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 VD  
NAME KANDARIAN, RICHARD  
STREET ADDRESS 144 BUGBY HOLE APT 1  
CITY- ST- ZIP CHRISTIANSTED ST CROX VI

TITLE PD  
NAME FIELD, PETER  
STREET ADDRESS 144 BUGBY HOLE APT 2  
CITY- ST- ZIP CHRISTIANSTED ST CROX VI

TITLE DST  
NAME ASH, HYMAN I.  
STREET ADDRESS 144 BUGBY HOLE  
CITY- ST- ZIP CHRISTIANSTED ST

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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 C/O ATS, BLDG. 4-C, VI INDUSTRIAL PARK  
1.4 CITY- ST- ZIP KINGSHILL, ST. CROIX, VI 00850

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS C/O ATS, BLDG. 4-C, VI INDUSTRIAL PARK  
2.4 CITY- ST- ZIP KINGSHILL, ST. CROIX, VI 00850

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS C/O ATS, BLDG. 4-C, VI INDUSTRIAL PARK  
3.4 CITY- ST- ZIP KINGSHILL, ST. CROIX, VI 00850

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:

*Hyman I. Ash*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HYMAN I. ASH, SECRETARY AND TREASURER

Date

Daytime Phone #

(809) 772-5511

0226180

CR2E034 (9/96)