

4-24-97 B 5344 C
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 # **G44087** (6)
1. Corporation Name
D & M DRILLING FLUIDS, INC.

Principal Place of Business P.O. BOX 579 JAY FL 32565	Mailing Address P.O. BOX 579 JAY FL 32565-0579
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2. Principal Place of Business 5212 011 Plant Road		2a. Mailing Address 5212 011 Plant Road		3. Date Incorporated or Qualified 06/16/1983	3a. Date of Last Report 05/01/1996
21. Subc. Apt. #, etc.		26. Subc. Apt. #, etc.		4. FEI Number 59-2263068	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State Jay, FL		27. City & State Jay, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 32565		28. Zip 32565		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARSHALL, DONALD L. 5315 WILEY SCOTT ROAD JAY FL 32565		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code FL	

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 _____
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVT	<input type="checkbox"/> DELETE	1.1 TITLE PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSHALL, DONALD L.		1.2 NAME MARSHALL, DONALD L.	
STREET ADDRESS ROUTE 3, BOX 95		1.3 STREET ADDRESS 5315 WILEY SCOTT ROAD	
CITY-STATE-ZIP JAY FL		1.4 CITY-STATE-ZIP JAY, FL 32565	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NANCY MARSHALL		2.2 NAME MARSHALL, NANCY	
STREET ADDRESS ROUTE 3, BOX 95		2.3 STREET ADDRESS 5315 WILEY SCOTT ROAD	
CITY-STATE-ZIP JAY FL		2.4 CITY-STATE-ZIP JAY, FL 32565	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARSHALL, CHRISTOPHER L.		3.2 NAME MARSHALL, CHRISTOPHER L.	
STREET ADDRESS 5311 WILEY SCOTT ROAD		3.3 STREET ADDRESS 5311 WILEY SCOTT ROAD	
CITY-STATE-ZIP JAY, FL 32565		3.4 CITY-STATE-ZIP JAY, FL 32565	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSHALL, CHRISTOPHER L.		4.2 NAME MARSHALL, CHRISTOPHER L.	
STREET ADDRESS 5311 WILEY SCOTT ROAD		4.3 STREET ADDRESS 5311 WILEY SCOTT ROAD	
CITY-STATE-ZIP JAY, FL 32565		4.4 CITY-STATE-ZIP JAY, FL 32565	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSHALL, CHRISTOPHER L.		5.2 NAME MARSHALL, CHRISTOPHER L.	
STREET ADDRESS 5311 WILEY SCOTT ROAD		5.3 STREET ADDRESS 5311 WILEY SCOTT ROAD	
CITY-STATE-ZIP JAY, FL 32565		5.4 CITY-STATE-ZIP JAY, FL 32565	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSHALL, CHRISTOPHER L.		6.2 NAME MARSHALL, CHRISTOPHER L.	
STREET ADDRESS 5311 WILEY SCOTT ROAD		6.3 STREET ADDRESS 5311 WILEY SCOTT ROAD	
CITY-STATE-ZIP JAY, FL 32565		6.4 CITY-STATE-ZIP JAY, FL 32565	

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: *Nancy Marshall* *Nancy Marshall, Secretary* 04-17-97 904-675-4157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #