

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H60710 (1)

1. Corporation Name

CURTIS E. NEWSOME WELL DRILLING, INC.

Principal Place of Business

Mailing Address

% FRANCES JULIA NEWSOME
708 NORTHWEST 10TH AVENUE
GAINESVILLE FL 32601

% FRANCES JULIA NEWSOME
708 NORTHWEST 10TH AVENUE
GAINESVILLE FL 32601



2. Principal Place of Business

2a. Mailing Address

21 708 N.W. 10th AVE

26 708 N.W. 10th AVE

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 GAINESVILLE, FL

28 GAINESVILLE, FL

Zip

Country

Zip

Country

24 32601

25 ALACHUA

29 32601

30 ALACHUA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/23/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2540601

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

NEWSOME, FRANCES JULIA
708 NORTHWEST 10TH AVENUE
GAINESVILLE FL 32601

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

Frances Julia Newsome

OWNER

6-17-96

12. OFFICERS AND DIRECTORS

TITLE PVTS
NAME NEWSOME, MITCHELL
STREET ADDRESS 318 NW 15TH AVE.
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mitchell Newsome

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96 (352) 372-8031

CR2E034 (3/96)