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PROFIT CORPORATION ANNUAL REPORT



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

1996

| • | MENT # H654 Or Drilling Co., Inc. | ·64 (0) | | | HI DIĞI GIĞIL BIBLI İHAK ALR | IJA Birbin Birbi n isban |
|--|--|---|---|--|---|---|
| Principal Place | e of Business | Mailing Address | | | | |
| PO BOX 65 MACCLENN | | PO BOX 658 MACCLENNY FL 320 | | | | |
| | | | | Date Incorporated or Qualified 07/01/1985 | 3a. Date of Las' F | |
| | ace of Business | 2a. Mailing Address | | 4. FEI Number | 05/18/19 | Applied For |
| 21 Cuito Ant | 1 _1_ | 26 | | 59-2548468 | ⊢ → | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Additional Required |
| City & State |) | City & State | | 6. Election Campaign Financing | _ \$5.0 | O May Be |
| Zip | Country | 28 Zip | Country | Trust Fund Contribution | et/bA 🖳 | d to Fees |
| 24 | 25 | 29 | Country 30 | 8. This corporation has liability for in Florida Statutes | intangible tax under s No | 199.032, |
| | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New R | | |
| | | | 81 Name | | | |
| | , FRANZ P. | | 82 Street Add | dress (P.O. Box Number is Not Acceptab | ile) | ···· |
| |)1 N. (HIGHLAND, FL) 01 NORTH | | 63 | | | |
| | / FL 32058 | | 63 | | | |
| | | | 84 City | | F1 85 Zip | Code |
| familiar with | o the provisions of Sections 607.050 ad agent, or both, in the State of Floi h, and accept the obligations of, Sec | 02 and 607.1508, Florida Staturida. Such change was authori. ction 607.0505, Florida Statute: | tes, the above-named corporated by the corporation's boas. | oration submits this statement for the purpard of directors. I hereby accept the appoint | | egistered office agent. I am |
| familiar with | h, and accept the obligations of, Sec Signature, typed or printed name of registered ago: OFFICERS AN | ction 607.0505, Ftorida Statute | tes, the above-named corporates, the above-named corporation's box s. OTE: Registered Agent signature require 13. | ed when renstating' | pose of changing its ri pintment as registered | agent. I am |
| familiar with SIGNATURE | h, and accept the obligations of, Sec Signature, typed or printed name of registered age OFFICERS ANDP | otion 607.0505, Fforida Statute: nt and title if applicable (N: | S. OTE: Registered Agent signature require | and on directors. Thereby accept the appo | pose of changing its ri pintment as registered | agent. I am |
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aly S. Victor 4-26-96 104-289-94 SIGNATURE: