FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF ST.

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K38146

(2)

CONTRACT DRILLING & BLASTING, INC.

FILED Apr 17 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address					I (0046111 000 21403 10701 14014 01010 0111 1			010111801	
125 7TH STREET JACKSONVILLE FL 32250 US		125 7TH STREET JACKSONVILLE FL 32250 US									
							 Date Incorporated or Qualified 10/12/1988 	1	of Last F 1996	Report	
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Number		A	pplied For]
21		26				62-1243323			-,	ot Applicable	<u>.</u>
Sulte, Apt.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat 23	e	City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 4	Country Zip Co			ntry		8. This corporation has liability for intain			angible tax under s. 199.032, Yes No		
	9, Name and Address of Current					10. Name and Address of New Registered Agent					1
Rívi	OHER, DAVID H., III			81	Name		THE THE THE PART AND AND AND ADDRESS OF A STANKING THE PART AND ADDRESS AND ADDRESS AND ADDRESS ADDRES				1
	HENDRICKS AVE			82	Ctroot A	ddroon	(P.O. Box Number is Not Acceptab	10)			-
	KSONVILLE FL 32207			02	SITURE AL	www	(r.o. box number is not Acceptab	ιυj			
		•		В3							1
				84	City				85 Zip	Code	-
				-	City			FL	63 210	COUB	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligations.	and 607.1508, Florida Statut f Florida. Such change was a ons of, Section 607.0505. Flo	es, the ab authorized orida Stat	ooved by utes	named corpo	corpora oration'	tion submits this statement for the p s board of directors. I hereby accep	urpose of c I the appoi	hanging ntment as	its registered registered	
SIGNATURE											
BIGHATORE	Signature, typed or printed name of registered agent			Agen	l signature re	required w	hon re-nstaling)	DATE]_
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFIC			·	96/6
TITLE	P	L DELETE	1.1][]					L	_ Change	Addition	
NAME	GRAY, MARY B.		1.2 NAMI								R2E034
STREET ADDRESS	2203 LAUGHING GULL CIR		1.3 S1	REETA	ADDRESS						ĺμ
CITY-ST-ZIP	ATLANTIC BCH FL 32233	T Driete		IY-\$1	-ZIP			· · · -	7 6	1.000	
TITLE	V ANNONIA ALIANIAI	☐ DEFE1E	2.1 10		8	S/T		ly.	Change	Addition	١
NAME	JUNKINS, SHAWN		2.2 NA			Junkins, Shawn					
STREET ADDRESS	945 E. EDGEMONT AVE.				AUDRESS	945 E. Edgement Avenue					
CITY-ST-ZIP	MONTGOMERY AL 36111	DELETE	2.40	IY-SI		Montgomery, AL			Change	Addition	-
TITLE NAME	GRAY, EMORY	_ becare	3.1 TO			•	•		onange	LJ Addition	
STREET ADDRESS	2203 LAUGHING GULL CIRCLE				ADDRESS						
CITY-ST-ZIP	ATLANTIC BEACH FL 32233			14 - ST							
TITLE	ALEMINIO DESCRIPTION DE CO	DELETE	4.1 Tri			λοσί	stant Soc	Т	Change	Addition	-
NAME		-	4. 2 N		I .	Assistant Sec Bonnie K. Doak		_		A	
STREET ADDRESS							The Greens Way 715				
CITY-ST-ZIP				IY-ST			schville Beach, FL 3225	<u>^</u>			
TITLE		☐ DELLTE	5.1 10				24 MATTE 1880 11-EP - 255	~	Change	Addition	$^{\downarrow}$
NAME 10			5.2 NA	ME					1	$\mathbf{x} \sim \mathbf{x}$	$\ \cdot \ $
STREET ADDRESS			5.3 ST	REET A	ADDRESS					11/1/	ٔ اٌ.
CITY-ST-ZIP			5.4 Ci	Y-\$1	- ZIP					~ <i>M</i> /, ,	
TITLE	· t	DELETE	6.1 111				اللب أن الله المسائد والخال والمعلى والمعلى والمعلى والمعلى		Change	Addition	7
NAME	ř		6.2 NA	6.2 NAME		80000214749 -04/18/9701017063			i ∵ i >		
STREET ADDRESS			6.3 \$1	REET A	ADORESS		-U4/18/3(U1U)	rUbs)		
CITY-ST-ZIP			6.4 CI			***165.00					

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 adaptiment with an address.

OLONIATURE.

9 Anil 199:

914-24-4015