FILED NOW. FEES PER ALPHA MAY 1 is $225.00

CORPORATION
ANNUAL REPORT
1994 5

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AMR

1995 MAY -1 PM 1:59

FLORIDA

1. Corporation Name
AMERICAN DRILLING AND PUMP COMPANY, INC.

DOCUMENT # K42875 (4)

Mailing Address
C/O EARL R. MILUM
2809 DESOTO RD
SARASOTA FL 34234-3262

Principal Place of Business
C/O EARL R. MILUM
2809 DESOTO RD
SARASOTA FL 34234-3262

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

26. Principal Place of Business
26 4435 Independence Court
Suite, Apt. #, etc.
27
City & State
28 Sarasota, FL
Zip 29 34234 Country 30

3. Date Incorporated or Qualified 11/01/1988
3a. Date of Last Report
4. FEI Number 65-0065718 Applied For / Not Applicable
5. Certificate of Status Desired $8.75
6. Nonprofit Exempt from $136.75 Supplemental Fee
7. 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
MILUM, EARL R.
2809 DESOTO RD
SARASOTA FL 34234

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	MILUM, EARL R.
1.3 STREET ADDRESS	2809 DESOTO RD.
1.4 CITY-ST-ZIP	SARASOTA FL
2.1 TITLE	VP
2.2 NAME	MILUM, PAUL D.
2.3 STREET ADDRESS	2809 DESOTO ROAD
2.4 CITY-ST-ZIP	SARASOTA, FL
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	200001492232
2.2 NAME	-05/17/95 -01167--001
2.3 STREET ADDRESS	****200.00 ****200.00
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	201A
6.3 STREET ADDRESS	5-1-95
6.4 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____