

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K77616** (6)

1. Corporation Name

PARKER & SONS WELL DRILLING, INC.



Principal Place of Business

**% WESLEY CLYDE PARKER
2249 LAUREL DRIVE
N. FORT MYERS FL 33917**

Mailing Address

**% WESLEY CLYDE PARKER
2249 LAUREL DRIVE
N. FORT MYERS FL 33917**

3. Date Incorporated or Qualified
04/04/1989

3a. Date of Last Report
04/04/1995

4. FEI Number

65-0151998

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, WESLEY CLYDE
2249 LAUREL DRIVE
N. FORT MYERS FL 33917**

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 607.1502, 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

Signature typed or printed name of the person signing this statement

Signature typed or printed name of the person signing this statement

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **PARKER, WESLEY CLYDE**
STREET ADDRESS **2249 LAUREL DRIVE**
CITY-STATE-ZIP **N. FT. MYERS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **ST** ☐ DELETE
NAME **PARKER, NINA**
STREET ADDRESS **2249 LAUREL DRIVE**
CITY-STATE-ZIP **N. FT. MYERS FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **V** ☐ DELETE
NAME **PARKER, CLYDE HALL**
STREET ADDRESS **2249 LAUREL DRIVE**
CITY-STATE-ZIP **N. FT. MYERS FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.5 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.6 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.7 CITY-STATE-ZIP ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nina Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 941-543-5887
Date Daytime Phone #

CR2E034 (12/95)