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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K89200

(5)

DRILLING CONSULTANTS, INC.

IIS, INC.

Mailing Address

FILED May 15 1997 8:00am Secretary of State



| 11505 NORTH GRADY AVENUE TAMPA FL 33624-1715 | | 11505 NORTH GRADY AVENUE TAMPA FL 33624-4715 | | | | | | |
|--|--|---|--|--|--|------------|--------------------|--|
| | | | | | 3. Date Incorporated or Qualified 05/18/1989 | | e of Las 1/1990 | st Report |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | 59-2951542 | | <u> </u> | Not Applicable |
| Suite, Apt | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | · | 5 Additional Required |
| City & State 23 | € | City & State | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be ed to Fees |
| Z(p 24 | Gountry 25 | Zip 29 | Counti | ry | | Yes 🗀 | No _ | er s. 199.032, |
| | 9. Name and Address of Cu | rrent Registered Agent | | | 10. Name and Address of New Reg | pistered A | gent | |
| | ES, JAMES P. | | 8 | 1 Name | | | | |
| 315 HYDE PARK AVENUE TAMPA FL 33608 | | | 8: | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | 8 | 3 | | | • | |
| | | | В | 4 City | | FL | 85 Z | ip Code |
| office or r agent I a SIGNATURE | registered agent, or both, in the S im familiar with, and accept the o Signifies tyred or printed name of registers | itate of Florida. Such change was a bligations of, Section 607.0505, Flo | uthorized b orida Statute | by the corporates. | rporation submits this statement for the p ation's board of directors. I hereby accep | t the appo | intment | as registered |
| 12. | | AND DIRECTORS | 13. | Seut elBustrus terk | | | DIDECT | ORS IN 12 |
| | | | | | ADDITIONS/CHANGES TO OFFICE | ERS AND | | |
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I. 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 eath; 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



4-24-97 (813) 961-3905