FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90041 009 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1.40075

1. Corpor ation	OFT WELL DRILLING, INC.									
Principal Flace of Business Mailing Address						18811811 011 01011 00111 06111 10001		145 01011 01		JI <b>3</b> 1811 1887
220 BUSINESS PARK WAY 220 BUSINESS PARK WAY										
		ROYAL PALM BEACH FL 33				DO NOT INDITE	N. T. 110	20405		
						DO NOT WRITE	IN 1 HIS:	SPACE		<del></del>
						ncorporated or Qualifed				
		A Mailine Address			4, FEI N	8/1989		$\neg$		ied For
		2a. Mailing Address				167862		H		Applicable
· · · · · · · · · · · · · · · · · · ·		Suite Ant # etc	Suite, Apt. #, etc.			107002		\$8.7		ditional
		<b>├</b> ¬ ' ' '	, r.p.: 17, oto.			ate of Status Desired			Requ	
City & State		City & State			e Florti	on Campaign Financing		\$5.0	<u> </u>	ay Be
	7	28				Fund Contribution	_		ed to	
Zip	Country	Zip	Country			orporation owes the curren	t vear Inta	ncible		. /
24 25		29 30			nal Property Tax.	. , 500	Yes	(5	<u></u>	
	9. Name and Address of Current	<del></del>	1			and Address of New Reg	istered A	gent		
· · · · · · · · · · · · · · · · · · ·	J. Harris aria . La aros a construir		81	Name						
WYM	IAN, ROBERT W.		20	1 A	tduses (D.O. De	x Number is Not Acceptable				
3095 SO. MILITARY TRAIL			82	Street At	oaress (P.O. Bc	x Number is Not Acceptable	=)			
LAKE	WORTH FL		83							
				<u> </u>				TT'-		
			84	City			FiL	85 Z	Zip Co	ode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida. Such change was all	tnorizea by	the corbo	orporation submation's board of	its this statement for the pudirectors. I hereby accept t	rpose of o	hanging tment as	its re s re jis	egistered stered
agent I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes							
SIGNATURE	Signature, typed or printed name of registered ageilt	and title if applicable. (NOTE: I	Registered Ager	nt signature re-	uired when reinstating	)	DATE			
12.	OFFICERS AND		13.			ONS/CHANGES TO OFFIC	CERS ANI	DIREC	CTCR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Chan	ige	Addition
NAME	Tall 1.1 a		1.2 NAME							
STREET ADDRESS	444 PURITOR PARK 18/4V		1.3 STREET ADDRESS							
CITY-ST-ZIP ROYAL PALM BEACH FL 33411			1.4 CITY-ST-ZIP						_	
TITLE			2.1 TITLE					☐ Chan	ge	Addition
NAME			2.2 NAME							
STREET ADDRESS	THE THOUSENS THE PROPERTY.		2 3 STREET ADDRESS							
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		2 4 CrTY-ST-ZIP							
TITLE	T DELETE		31 TITLE					Chan	ige	☐ Addition
NAME	RICE, DARREN		3.2 NAME							
STREET ADDRESS	220 BUSINESS PARK WAY		3.3 STREET ADDRESS							'
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		3.4. CITY-ST-ZIP							
TITLE			4.1 TITLE					Char	ige _	☐ Addition
NAME			4 2 NAME							
STREET ADDRESS			4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE			5.1 TITLE					☐ Char	ıge -	☐ Addition
NAME			52 NAME	į						
STREET ADDF ESS			53 STREET	TADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Char	nge	☐ Addition
NAME			6.2 NAME							
STREET ADDEESS			6.3 STREE	TADDRESS						

14. I hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if change for on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP