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Mar 10, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M27994

1. Corporation Name

ACCURATE CORE DRILLING, INC.

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | | | |
|--|---|------------------------------|---|----------------------|-----------|------------------------|--|---|--|-------------|--------------------------|-----------------|
| Principal Place of Business Mailing Address | | | | | | 4 / | | 1 (48194)) | ## 11 4 11 1 ## 1 8 (4 1) | | 1911 SISI1 21211 SISI1 1 | 1911 61611 1001 |
| 6970 RALEIGH ST. 6970 RALEIGH ST. | | | | | | | | | | | | |
| HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 | | | | | | | İ | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | ŀ | 3. Date Incorpor | | | THIS SPACE | |
| | | | | | | | ļ | 02/27/198 | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | | 4. FEI Number | <u> </u> | | TAC | plied For |
| | | | Maining Address | | | | | 59-264612 | 13 | | <u> </u> | t Applicable |
| 21 Suito Ant | # etc | Suite, Apt. #, etc. | | | | | | | • | | \$8.75 | Additional |
| Suite, Apt. #, etc. Suite, | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | 5. Certifcate of | Status Desired | 4 L | Fee Re | quired |
| City & State City & State | | | ate | | | | | 6. Election Cam | paign Financi | ng 🗆 | \$5.00 | Mav Be |
| 23 | | 28 | | | | | Trust Fund C | ontribution | '' ⁹ | Added | | |
| | Zip Country Zip | | | p Country | | | | This corporation owes the current year Intangible | | | | |
| 24 | 25 29 30 | | | 30 | | | | Personal Property Tax. Ya Yes No | | | | |
| | 9. Name and Address of Curre | nt Registered Age | nt | | | | | 10. Name and A | ddress of Ne | w Registe | eres Agent | |
| | | | | | 31 | Name | | | | | / | Ì |
| MACLAUGHLIN, EUGENE | | | 8 | 82 Street Address (i | | | s (P.O. Box Numb | er is Not Acc | eptable) | | | |
| | RALEIGH ST. | | | | | | | | | | | |
| HOL | LYWOOD FL 33024 | | | 8 | 33 | | | | | | | |
| | | | | 1 | 84 | City | | | | | 85 Zip | Code |
| | | | | | | • | | | | | FL | |
| office or r agent. I a | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such cl | nanoe was al | Jthorized t | ז עם | -named of the corpo | corpora oration's | ation submits this s board of directo | statement for rs. I hereby a | ccept the a | appointment as re | gistered |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable. | (NOTE | Registered A | gent | signature re | equired w | hen reinstating) | | DAT | | |
| 12. | | ND DIRECTORS | | 13. | | | | ADDITIONS/C | HANGES TO | OFFICER | S AND DIRECTO | |
| TITLE | DP | | DELETE | 1.1 TITL | Ε | | | | | | ☐ Change | ☐ Addition |
| NAME | MACLAUGHLIN, EUGENE | | | 1.2 NAM | | | | | | | | |
| STREET ADDRESS | 6970 RALEIGH ST. | | | 1.3 STR | EET. | ADDRESS | l | | | | • | 1 |
| CITY-\$T-ZIP | HOLLYWOOD FL | | | 1.4 CITY | | -ZIP | | | | _ | [] Channa | Addition |
| TITLE | ☐ DELETE | | | | 2.1 TITLE | | | | | | Change | [] Addition |
| NAME | | | | | 2.2 NAME | | | | | | | - 1 |
| STREET ADDRESS | | | | 2.3 STR | EET | ADDRESS | | • | | | | İ |
| CITY-ST-ZIP | | | | 2. 4 CIT | | T-ZIP | <u> </u> | | | | □ Change | Addition |
| TITLE | | L | DELETE | 3.1 TITL | E. | | Ì | | | | Change | [] Addition |
| NAME | | | | 3.2 NAM | | | | | | | • • | |
| STREET ADDRESS | | | | 33 STR | EET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 7 25 575 | 3.4. CIT | | T- ZIP | | | | | □ Change | Addition |
| TITLE | | Ł |]] DELETE | 4.1 TITL | | | | | | | ☐ Change | |
| NAME | | | | 4, 2 NA | | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | \$ |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY | | - ZIP | | | | | ☐ Change | Addition |
| TITLE | | ι | T DEFEIE | 5.1 TITL 5.2 NAM | | | | | | | C) our and | ا "••••• |
| NAME | | | | | | ADDRESS | l | | | | | |
| STREET ADDRESS | | | | 5.4 CITY | | | | | | | | |
| CITY-ST-ZIP | | | DELETE | 6.1 TITL | | - 635 | | | | | Change | ☐ Addition |
| TITLE | | L | _ DEFEIF | 6.2 NAM | | | } | | | | | |
| NAME | | | | | | ADDRESS | | | | | | |
| STREET ADDRESS | | | | 0.3 3 IN | CCI | MUNICOO | I | | | | | |

14. I 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP