

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # M81906

(3)

1. Corporation Name

TRADITIONAL WELL DRILLING, INC.

95 MAY -1 PM 11:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

18601 LEETANA ROAD
N. FT. MYERS FL 33917

Mailing Address

18601 LEETANA ROAD
N. FT. MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

05/18/1988

3a. Date of Last Report

02/03/1994

4. FBI Number

65-0052814

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for integrative tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

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2a. Mailing Address

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State App # 06

State App # 06

City & State

City & State

23

28

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9. Name and Address of Current Registered Agent

**ELLER, TERRY L.
18601 LEETANA ROAD
N. FT. MYERS FL 33917**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.01(4) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or changing agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment of registered agent. I am familiar with and accept the responsibility of Section 607.1508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Secretary or Treasurer)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (P. 12)

TITLE	PD
NAME	ELLER, TERRY L.
STREET ADDRESS	18601 LEETANA ROAD
CITY & STATE	N. FT. MYERS FL
TITLE	VP
NAME	MASON, STEPHEN G.
STREET ADDRESS	18241 PALM CREEK DR.
CITY & STATE	N. FT. MYERS FL
TITLE	Secretary/Treasurer
NAME	Stephanie Eller
STREET ADDRESS	18601 Leetana Rd
CITY & STATE	N Ft Myers, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY & STATE		
5. TITLE	Vice President	☒ Change ☐ Addition
6. NAME	Mason, Stephen G.	
7. STREET ADDRESS	18241 Palm Creek Drive	
8. CITY & STATE	N Ft Myers FL 33917	
9. TITLE	Secretary/Treasurer	☐ Change ☒ Addition
10. NAME	Stephanie Eller	
11. STREET ADDRESS	18601 Leetana Rd	
12. CITY & STATE	N Ft Myers, FL 33917	
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY & STATE		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY & STATE		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(4) & 607.1508, Florida Statutes. I further certify that the information included 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 a director or officer 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 addition with an address.

SIGNATURE:

Stephanie Eller

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR