## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 25 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M88448

(9)

DODGE WELL DRILLING INC.

Principal Plac	c of Business	Mailing Address	Mailing Address				I HODINBAN ANG KUNUA LANIA BARAH BARBA ANG SANIA BARAH BARAH DADIA DIDIN BADIN ANDA			
% CHARLES DODGE 6312 WYNGLOW LANE ORLANDO FL 32818		% CHARLES DODGE 6312 WYNGLOW LANE ORLANDO FL 32618-1314								
						3. Date Incorporated or Qualified 06/21/1988		ate of Las 23/1990		
2. Principal P	lac∈ of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				59-2887224		<del></del> +	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.				6. Certificate of Status Desired			5 Additional	
22   City & State	6	City & State							Required	
<del>_</del> , ·		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
<b>23</b> ] Zipi	Country	Zip	Cour	ntry						
24	25		10	,		8. This corporation has liability for in		No No	1 8. 199.032,	
	9. Name and Address of Curre		<u>~</u> ]		<del></del>	10. Name and Address of New Reg				
DODGE, CHARLES				81	Name		<del></del>			
	WYNGLOW LANE			82	Street Addre	ess (P.O. Box Number is Not Acceptab	lo)			
	ANDO FL 32818		ľ	"	Street About	ass (F.O. DOX NOMBER IS NOT Acceptab	16)			
			Ī	63						
			h	64	City			<b>85</b> Z	ip Code	
					,		<u>FL</u>	.		
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	oz and 607.1508, Florida Statutes e of Florida. Such change was au gations of, Section 607.0505, Flori	s, the ab thorized ida Statu	ove by ites	-named corporation -named -name	oration submits this statement for the poon's board of directors. I hereby accep	urpose of t the app	changing ointment	g its registered as registered	
SIGNATURE	Signal at typing or protect native of registered a	A A A A A A A A A A A A A A A A A A A	<u> </u>	1				· · · · · · · · · · · · · · · · · · ·		
12.		ND DIRECTORS	13.	Ager	it signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECT	ORS IN 12	
TITLE	P DELETE		1.1 TITLE			ADDITIONO/OHANGES TO OFFIC	LIIO FIIIL	Chang		
NAME	DODGE, CHARLES		1.2 NAJ							
STREET ADDRESS	6312 WYNGLOW LN.				AUDRESS					
CITY - 5.1 - ZV2	ORLANDO FL		1.4 CIT							
TIT_F	SVP DELETE		2.1 TITLE					Chang	ge Addition	
NAME	DODGE, JAMES		22 NAME							
STREET ADDRESS	3802 GROVE ST		2.3 STREET ADDRESS		ADDRESS .					
ChA-21-XIS	WINTER GARDENS FL			[Y - S]	r-zip					
TOLE	DELETE			LĒ				Chang	e Addition	
NAME			. 32 NA	ME						
STREET ADDRESS			3 3 STR	EET /	ADDRESS					
City-St-7P			3 4. DIT	Y - S1	T- ZIP					
HILF		DELETE	4 1 TITE	ĻĒ				Chang	e Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STR	REET	ADDRESS					
CITY-ST-7.P			4 4 CIT	y-st	- ZIP					
FileF		DELETE	51 TITL	LE				Chang	je 🔲 Addition	
HAME			5.2 NA	ME						
STREET ADORESS			53 STR	REET	address					
CITY ST 78			5.4 CIT	*********	- ZIP					
THEF		DELETE	61 1111	L				Chang	je 🔲 Addition	
NAME	*		62 NA	<b>V</b> E						
STREET ADDRESS			63 STR	REET A	ADDRESS					

14. I do hereby certify that the information supplied with this filling 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name