FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:23

DOCUMENT # P00404 (4)

1. Corporation Name
CHESLEY PRUET DRILLING COMPANY

Principal Place of Business	Mailing Address
217 W. CAPITOL ST., SUITE 201 JACKSON MS 39201	217 W. CAPITOL ST., SUITE 201 JACKSON MS 39201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1983	3a. Date of Last Report: 03/08/1994
4. FEI Number: 71-0406217	☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	PRUET, CHESLEY	1.2 NAME	
STREET ADDRESS	315 E. OAK ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EL DORADO AR	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, FRED	2.2 NAME	
STREET ADDRESS	800 HILLCREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL MS	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, WILLIAM R.	3.2 NAME	
STREET ADDRESS	217 W. CAPITOL ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	CALHOON, RICKY J.	4.2 NAME	
STREET ADDRESS	217 W. CAPITOL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	LOE, MALCOLM	5.2 NAME	
STREET ADDRESS	217 W. CAPITOL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	5.4 CITY-ST-ZIP	
TITLE	ASV	6.1 TITLE	☑ Change ☐ Addition
NAME	DICKENS, H. DARRELL	6.2 NAME	delete
STREET ADDRESS	814 EXCHANGE BLDG.	6.3 STREET ADDRESS	
CITY-ST-ZIP	EL DORADO AR	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attached sheet, with an address.

SIGNATURE: [signature] William R. James 2/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR OR OFFICER — Date

601-948-5279
Daytime Phone #

0470826 FP