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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # P00404

(4)

CHESLEY PRUET DRILLING COMPANY

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

Mailing Address

217 W. CAPITOL ST., SUITE 201 JACKSON MS 39201



		SHOROOH MG 39201									
2 Principal D	lace of Business					Date Incorporated or Qualified 12/27/1983	3a. Date 02		st Report 1995		
I	lace or business	2a. Mailing Address				4. FEI Number		Ť	Applied For		
Suite, Apt.	# etc	26				71-0406217			Not Applicable		
City & State	27				77/2/	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
]		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	25 29 30			ritry		This corporation has liability for in: Florida Statutes					
	Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re		gent			
				81	Name			B			
CT CORPORATION SYSTEM					<u> </u>	(1) (2) (3)					
1200 S.	PINE ISLAND ROAD			82	Street Ad	et Address (P.O. Box Number is Not Acceptable)					
PLANTA	TION FL 33324			83							
				84	City			85	Zip Code		
1. Pursuant t	to the provisions of Sections 607 (1502	and 607 1508. Florida Statute	o the abo			poration submits this statement for the purpo pard of directors. I hereby accept the appoin	<u> </u>				
GNATURE	Signature, typed or printed name of registered agent OFFICERS ANI			Agent	t signature requ	iired when reinstating)	DÁTE				
LE	PTD	DELETE	13.			ADDITIONS/CHANGES TO OFFICE					
ME	PRUET, CHESLEY	ב טנונונ	1. 1 1		_7	Pres Director		Chang	e Addition		
REET ADDRESS	915 E. OAK ST.		12 NA			James, William Z.	℃ 0~				
	EL-DORADO AR		1.3 ST	REET	ADDRESS	17 West Carotal	22				
Y-ST-ZIP LE	VD		1.4 011	Y-S1	I-ZIP T	Jackson, M537	DI				
ME .	HOLMES, FRED	[] DELETE	2 1 71	LFE	İ			Chang	e 🔲 Addition		
·	800 HILLCREST DR		2.2 NA	ME							
REET ADDRESS			2351	REET A	ADDRESS						
Y-ST-ZIP LE	LAUREL MS		2 4 CIT	Y-\$1	· 7:P						
ME		DELETE	3. 1 1:1	LE				Change	e 🔲 Addition		
l	JAMES, WILLIAM R		3.2 NAI	ME							
EET ADDRESS	217-W: CAPITOL ST.		3 3 51	REET	ADDRESS						
r-ST-ZIP E	JACKSON MS	F7 55 555	34 CIT			•					
ME I	ASD CALHOON BIOUV I	T DEFELE	4 1 117	LĒ	S	ec. Trees: Tr	CALL	Cha nge	Addition		
	CALHOON, RICKY J.		4.2 NA	ΜE	_ C	calhoon, Ricky J.					
REET ADDRESS	217 W. CAPITOL ST.		4.3 STF	EET A	ADDRESS						
r-ST-ZIP E	JACKSON MS		4.4 CIT								
NE .	LOE, MALCOLM	D-BELETE	5. 1 Tr]		1	lest Sec. asst Tre	₽ □	Change	Z Addition		
EET ADDRESS	217 W. CAPITOL ST.		5.2 NAM	ΛE	_ /	gary Wheelus					
			5 3 STR	EET A	ADDRESS 3	315 EAST OAK		4			
r-ST-ZIP	JACKSON MS	Pil pr. rev	5 4 CIT		-ZIP 2	1 Doeado, AR	717.	30			
ME .		☐ DELETE	6 1 1 1			•		Cnange	Addition		
_			6.2 NAN	/E	1						
EET ADDRESS			6.3 STR	EET A	IDDRESS.						
Y-ST-ZIP	codify that the infe		6.4 CITY	/- S ^τ -	- ZIP						
 I do hereby certify that to ath; that I appears in E 	certify that the information supplied with the information indicated on this annual am an officer or director of the corpor Block 12 or Block 13 if changed, or or	of the this filing of voluntarily furnish a report or supplemental annual attention or the receiver or trustee if an attachment it with an address	hed and d il report is empowere ss.	oes true d to	not qualify and accur- execute th	for the exemption stated in Section 119.07(ate and that my signature shall have the sar is report as required by Chapter 607, Florid	3)(k), Florida ne legal effa a Statutes;	3 State 3ct as and the	utes. I further if rnade under hat my name		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96

611/948-52/3