

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB - 8 AM 9: 23

DOCUMENT # P25804 (6)

1. Corporation Name
PROGRESSIVE OILFIELD SERVICES, INC.

Principal Place of Business Mailing Address
217 WEST CAPITOL STREET JACKSON MS 39201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/23/1989** 3a. Date of Last Report **04/06/1994**
4. FEI Number **64-0683312** Applied For
Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, WILLIAM R.	12 NAME	
STREET ADDRESS	217 W. CAPITOL ST.	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	14 CITY - ST - ZIP	
TITLE	VSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALHOON, RICK J.	22 NAME	
STREET ADDRESS	217 W. CAPITOL ST.	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	24 CITY - ST - ZIP	
TITLE	V	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKENS, H. DERRELL	32 NAME	<i>delete</i>
STREET ADDRESS	814 EXCHANGE BLDG.	33 STREET ADDRESS	
CITY - ST - ZIP	EL DORADO AR	34 CITY - ST - ZIP	
TITLE	AS	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKENS, H. DERRELL	42 NAME	<i>delete</i>
STREET ADDRESS	814 EXCHANGE BLDG	43 STREET ADDRESS	
CITY - ST - ZIP	EL DORADO AR	44 CITY - ST - ZIP	
TITLE	AT	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGNEY, JAMES	52 NAME	
STREET ADDRESS	217 W CAPITOL ST.	53 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or I apply for an 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 secretary 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 attachment with an address.

SIGNATURE: *William R. James* **William R. James** 2/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF DRIVING OFFICER OR DIRECTOR Date Daytime Phone #
601-948-5279