

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000004067 (4)

1. Corporation Name

DIRECTIONAL DRILLING OF FLORIDA, INC.



Principal Place of Business

Mailing Address

7381 SOUTHWEST 6TH COURT  
PLANTATION FL 33317

7381 SOUTHWEST 6TH COURT  
PLANTATION FL 33317

3. Date Incorporated or Qualified 11/10/1992  
3a. Date of Last Report 01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 7921 N.W. SOUTH RIVER DR

26 7921 N.W. SOUTH RIVER DR

4. FEI Number 65-0373397  
Applied For Not Applicable

22 SUITE 326

27 SUITE 326

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 MEDLEY FL

28 MEDLEY FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 33166 Country DADE

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUELLER, JAMES H  
7381 SOUTHWEST 6TH COURT  
PLANTATION FL 33317

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 7921 N.W. SOUTH RIVER DR  
83 SUITE 326  
84 City MEDLEY FL 85 Zip Code 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D - PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, JAMES H	1.2 NAME	
STREET ADDRESS	7381 S.W. 6TH COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33317	1.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, ANGELA K	2.2 NAME	JEAN M. MUELLER
STREET ADDRESS	2211 NOVA VILLAGE DR	2.3 STREET ADDRESS	7381 S.W. 6 CT.
CITY - ST - ZIP	DAVIE FL	2.4 CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELDEN, RANDOLPH	3.2 NAME	GEORGE HOWARD
STREET ADDRESS	8150 NW 90TH ST.	3.3 STREET ADDRESS	7051 SW 28TH ST
CITY - ST - ZIP	MEDLEY FL	3.4 CITY - ST - ZIP	MIRAMAR, FL 33023
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, GREGORY J.	4.2 NAME	
STREET ADDRESS	7381 SW 6TH CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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 attachment with an address.

SIGNATURE: *James H. Mueller* 4-25-96 305-885-4107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)