

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

7381 SOUTHWEST 6TH COURT
PLANTATION FL 33317

Mailing Address

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, Apt. #, etc.

SUITE 326

27 Suite, Apt. #, etc.

SUITE 326

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23 City & State

MEDLEY FL

28 City & State

MEDLEY FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

33166

Country

DADE

29 Zip

33166

Country

DADE

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

TITLE	D - PRESIDENT	<input type="checkbox"/> DELETE
NAME	MUELLER, JAMES H	
STREET ADDRESS	7381 S.W. 6TH COURT	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, ANGELA K	
STREET ADDRESS	2211 NOVA VILLAGE DR	
CITY - ST - ZIP	DAVIE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SELLEN, RANDOLPH	
STREET ADDRESS	8150 NW 90TH ST.	
CITY - ST - ZIP	MEDLEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MUELLER, GREGORY J.	
STREET ADDRESS	7381 SW 6TH CT.	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	JEAN M. MUELLER
2.4 CITY - ST - ZIP	7381 S.W. 6 CT. PLANTATION, FL 33317
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	GEORGE HOWARD
3.4 CITY - ST - ZIP	7051 SW 28TH ST MIRAMAR, FL 33023
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 305-885-4107

Date

Daytime Phone #

CR2E034 (12/95)