

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33317-3816

3. Date Incorporated or Qualified 11/10/1992
3a. Date of Last Report 04/29/1996

2. Principal Place of Business
21 4444 E. Broadway
Suite, Apt. #, etc.

2a. Mailing Address
26 4444 E. Broadway
Suite, Apt. #, etc.

4. FEI Number 65-0373397
Applied For Not Applicable

22 City & State
23 Tampa FL

27 City & State
28 Tampa FL

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

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

24 33605 Country Hillsborough

29 33605 Country Hillsborough

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name James H. Mueller
82 Street Address (P.O. Box Number is Not Acceptable) 4444 E BROADWAY
83
84 City TAMPA FL 85 Zip Code 33605

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

James H. Mueller

3-24-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<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	DAVE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SELDEN, 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	S	<input type="checkbox"/> DELETE
NAME	JAMES H. Mueller, JR.	
STREET ADDRESS	4444 E. BROADWAY	
CITY- ST- ZIP	TAMPA, FL 33605	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4444 E Broadway
1.4 CITY- ST- ZIP	Tampa FL 33605
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4444 E. BROADWAY
4.4 CITY- ST- ZIP	TAMPA, FL 33605
5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated 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

James H. Mueller 3-24-97 813-248-0543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)