

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000012617 (5)**

1. Corporation Name
WOLFF DRILLING, INC.



Principal Place of Business 5569 MANFIELDS PLACE JACKSONVILLE FL 32207	Mailing Address 5569 MANFIELDS PLACE JACKSONVILLE FL 32207-5927
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2. Principal Place of Business 21 7751 Belfort Parkway Suite, Apt. #, etc. 22 Suite 320B City & State 23 Jacksonville, FL Zip 24 32256 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 02/17/1993	3a. Date of Last Report 01/24/1996
		4. FEI Number 59-3163947		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MILES, LISA WOLFF 5569 MANFIELDS PLACE JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent 81 Name Lisa M. Wolff 82 Street Address (P.O. Box Number is Not Acceptable) 7751 Belfort Parkway 83 Suite 320B 84 City Jacksonville FL 85 Zip Code 32256			
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Lisa M. Wolff* President DATE **2-13-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	WOLFF, LISA M	5569 MANFIELDS PLACE	JACKSONVILLE FL		Lisa M. Wolff	3928 Brampton Island Court South	Jacksonville, FL 32256
	HAZELTON, RICHARD W	5569 MANFIELDS PLACE	JACKSONVILLE FL				
	SMITH, DARREL M	5569 MANSFIELDS PL	JACKSONVILLE FL				
	Sandeep Lardia	451 Monument Road #1308	Jacksonville		VP Sandeep Lardia	451 Monument Road, #1308	Jacksonville, Florida 32225

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 included 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: *Lisa M. Wolff* - Lisa M. Wolff President 2-13-97 286-7777

CR2E034 (9/96)