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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 19 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

**SIGNATURE:** 

DOCUMENT # P93000012617 (5)

WOLFF DRILLING, INC.

Principal Place of Business	Mailing Address		I SANTING THE BANK WITH BEING IN	<b>30/84 19810 (1010 0110) (101) (101) (101)</b>
5569 MANFIELDS PLACE JACKSONVILLE FL 32207	5569 MANFIELDS PLACE JACKSONVILLE FL 32207-580	5569 MANFIELDS PLACE JACKSONVILLE FL 32207-5827		
			3. Date Incorporated or Qualified 02/17/1993	3a. Date of Last Report 01/24/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
217751 Belfort Par	kway 26		59-3163947	Not Applicable
Suita Apr #. ptc  22 Suite 320	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Jacksonville, 6	City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees
Z-p Country 24 32756 25 L	) S A 29 3	Country 10	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \( \square\) No
	ss of Current Registered Agent		10. Name and Address of New Re	glatered Agent
MILES, LISA WOLFF		81 Name	Lisa M. W	OPF
5569 MANFIELDS PLACE JACKSONVILLE FL 32207		82 Street A	ddress (P.O. Box Number is Not Acceptab	erkway
		83	Suite 320B	7
		84 City	Tacksonville	FL 85 33356
11. Pursuant to the provisions of Secti	ons 607.0502 and 607.1508, Florida Statutes	the above-named o	orporation submits this statement for the p	urpose of changing its registered
office or registered agent, or holf agent. I am fam lar with, and and	, in the State of Florida. Such change was au ept the obligation, of Medion 607.0505, Flor	ida Statutes	pration's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE	our walk	resident		7-13-41
Signatine, ty and or printed name  12. Of	of regions of agent and reful full pillable (NOTE FFICERS AND DIRECTORS	Registered Agent a gnature re	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE -PPVI-	DELETE	1.1 TITLE	0/+/5	Change
NAME WOLFF, LISA M		1.2 NAME	lica M. Wolff	11 10.4
STREET ADDRESS 5669 MANFIELDS P	LACE-	1.3 STREET ADDRESS	3928 Brampton Is	, land Court Sout
Dity STOZIP JACKSONVILLE FL		1.4 CITY - ST- ZIP	Jacksonville,	2L 32256
TITLE T	DELETE	2.1 TITLE	·	L Change  Addition
NAME HAZELTON, RICHAR STREET ADDRESS 5569 MANFIELDS P		2.2 NAME		
IAOVOONBELLE EL	DACE	2.3 STREET ADDRESS		
CHY-SI-ZIP JACKSUNVILLE FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME SMITH, DARREL M		3.2 NAME		<del></del>
STREET ADDRESS 5569 MANSFIELDS	PL	3.3 STREET ADDRESS		
CHY-ST-ZIP JACKSONVILLE FL		34. CITY-ST-ZIP		
THE MASON DEP	Alara 194 DELETE	4.1 TITLE	condeas Largia	Change Addition
NAME I Vice gra	Sitt got 1 11 + Lana	4. 2 NAME	Sandeed Larding 451 Mohument Ro Jacksonville, Hori	nd. #1208
STREET ADDRESS 45 MONW	ninational # 1308	4.3 STREET ADDRESS	451 Monument Ro	1. 2222
CITY STOTE TO LESION	DELETE	4.4 CiTY - ST - ZiP	Jacksonville, Flori	Change Addition
DIT: E	F" DECEIL	51 TITLE 52 NAME		El ciante El vocition
NAME SYMEET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
City-S1-7-5		54 CITY-ST-ZIP		
TIFLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADORESS		6.3 STREET ADDRESS		1
l		E		

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 and cated 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 page appears in Block 12 or Block 13 if changed, or or an attachment with an addition.