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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000030540	(7)
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	ORILLING COMPANY						
Principa: Place 3053 DRANE LAKELAND I US	FIELD RD	Mailing Address 3053 DRANE FIELD I LAKELAND FL 33811 US					
· · · · · · · · · · · · · · · · · · ·					3. Date Incorporated or Qualified 04/26/1993	3a. Date of Last F 05/01/19	Report 395
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-3183627		Applied For Not Applicable
Suite, Apt,	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 ['	5 Additional
City & State	9	City & State			6. Election Campaign Financing	\$5.0	Required May Be
Zip	Country	28	Country		Trust Fund Contribution 8. This corporation has liability for in	Adde	ed to Fees
24	25	29	30		Florida Statutes Yes	□No	; 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	egistered Agent	
SAXENA	A, URMILA		81	Name			
	JGARTREE DRIVE SOUTH		82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)	
LAKELA	ND FL 33813		83				
				-01			· · · · · · · · · · · · · · · · · · ·
			84	City			ip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	2 and 607.1508, Florida Statu ida. Such change was authori tion 607.0505, Florida Statute	tes, the above-n zed by the corpo is.	amed corpor oration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	xose of changing its intraent as registered	registered office d agent. I am
SIGNATURE _		— <u> </u>					
12.	Signature, typed or printed name of registered age. OFFICERS AN	it and title if applicable (N ID DIRECTORS	OTE: Registered Agent	signature require		DATE	
TITLE	UPS	DELETE	1. 1 Tille		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTS Change	
NAME	SAXENA, URMILA	_	1.2 NAME			Change	Addition
STREET ADDRESS	1068 SUGARTREE DRIVE SO	DUTH	1.3 STREET	ADORESS			
CITY - S1 - ZIP	LAKELAND FL		14 CHY-ST				
TITEE	DT CAVENA DUBENDO A	☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME	SAXENA, DHIRENDRA S	N. P. I	2 2 NAME	ľ		_ `	
STREET ADDRESS	1068 SUGARTREE DRIVE SO	JUIH	2 3 STREET	ADDRESS			
C-TY-ST-ZiP	LAKELAND FL DVP		24 CITY-ST	- ZIP			
TITLE	SAXENA, ANUPAM	□ DELETE	3. 1 TITLE			☐ Change	Addition
NAME Object appears	4902 TRADITION DRIVE		3.2 NAME				
STREET ADDRESS	LAKELAND FL		3.3. STREET	ADDRESS			
CHY-ST-ZIP TITLE		□ VELETE	3 4 City-St	- ZIP			
NAME		☐ DELETE	4. 1 TITLE			Change	Addition
STREET ADDRESS			4.2 NAME	İ			
CITY-ST-ZIP			4.3 STREET A				
TITLE		DELETE	4.4 CITY-ST	- ZIP			
NAME		- Otter	5 1 TITLE			☐ Change	☐ Add-tion
STREET ADDRESS			5 2 NAME	ADDOLCC			
CITY-ST-ZIP			5 3 STREET A	ŀ			1
TITLE		DELETE	5.4 City-St 6.1 Title	· ZIF		Chanca	Addition
NAME			6.2 NAME			☐ Change	☐ Addition
STREET ADDRESS			6.3 STREET A	UDBESS			
CITY-S1-2iP			6.4 CITY - ST	l l			ł

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.