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PROFIT

FLORIDA DEPARTMENT OF STATE

FILED May 17, 1999 8:00 am Secretary of State

CORPORATION ANNUAL REPORT		Katherine Harris Secretary of State		05-17-1999 90089 036 ***150.00		
4000			ORPORATIONS	03-17-1000	20002 050	150.00
	MENT # P930000	32044		_		
ţ				556569	- 90089 - 36 °	-
T.K / D	RILLING, INC.				-	
Principal Place	e of Business	Mailing Address				
C/O WILLIAM SCOTT FOSTER C/O WILLIAM SC 909 MAR WALT DR, SUITE 1014 909 MAR WALT D FT. WALTON BEACH, FL 32547 FT. WALTON BEA			DR, SUITE 1014	4 DO NOT WRITE II 3. Date Incorporated or Qualified	N THIS SPACE	
			•	04/29/1993		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	— —	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Status Desired Status Desired Fee Required		
22{ City & State_ 23		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the curre		
24	25	<u> </u>	30	Property Tax.	Yes	No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
FOSTER,	WILLIAM S		82 Street Addr	ress (P.O. Box Number is Not Acceptal	ble)	
909 MAR	WALT DR.		83	, , , , , , , , , , , , , , , , , , , ,		
SUITE 10	014		84 City		85 Zii	Code
	FON BEACH, FL 3254				FL	
	ta tha arminiana at Castlana CO7 OFC					
registered	to the provisions of Sections 607.050 I office or registered agent, or both, it ired agent. I am familiar with, and acc	the State of Florida. Such cl	hange was authorized b	corporation submits this statement for y the corporation's board of directors. tutes.	the purpose of ch I hereby accept th	e appointment
registered as registe SIGNATURE	l office or registered agent, or both, in red agent. I am familiar with, and acc	n the State of Florida. Such cl cept the obligations of, Section	hange was authorized b n 607.0505, Florida Sta	y the corporation's board of directors. tutes.	I hereby accept th	e appointment
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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 it 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 chapted, or on an attachment with an address, with all other like empowered.

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SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1