FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 15 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
KUH DRILLING, INC.

DOCUMENT # P93000035083 (3)

Mailing Address
~~34534 MISSIONARY ROAD~~
DADE CITY FL ~~33525~~

Principal Place of Business
~~34534 MISSIONARY ROAD~~
DADE CITY FL ~~33525~~

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 05/14/1993
3a. Date of Last Report:

2. Mailing Address
21 P.O. Box 688
Suite, Apt. #, etc.
22
City & State
23 Dade City
Zip 24 33526 Country 25 USA

2a. Principal Place of Business
26 16426 Jessamine Rd.
Suite, Apt. #, etc.
27
City & State
28
Zip 29 33525 Country 30 USA

4. FEI Number: 59-3192595 ☐ Applied For ☐ Not Applicable

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

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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

HUSS KELLY M
~~34534 MISSIONARY ROAD~~ ~~P.O. Box 688~~
DADE CITY FL ~~33525~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 16426 Jessamine Rd
83
84 City FL 85 Zip Code 33525

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE Kelly M. Huss (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reinstating) DATE 2/24/94

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	HUSS KELLY M	1.2 NAME	
1.3 STREET ADDRESS	~~34534 MISSIONARY ROAD~~	1.3 STREET ADDRESS	~~P.O. Box 688~~, 16426 Jessamine Road
1.4 CITY-ST-ZIP	DADE CITY FL ~~33525~~	1.4 CITY-ST-ZIP	33526
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	600001408466
3.2 NAME		3.2 NAME	-02/16/95--01114--007
3.3 STREET ADDRESS		3.3 STREET ADDRESS	****200.00 ****200.00
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), Florida Statutes. I authorize the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kelly M. Huss 2/24/94 904-521-6651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #