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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300043070 (0)

WEATHERFORD'S OUTBACK, INC.

Principal Place of Business

Mailing Address

FILED May 06 1998 8:00am Secretary of State



3009 EAST CERVANTES ST PENSACOLA FL 32503		3009 EAST CERVANTES ST PENSACOLA FL 32503				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 06/09/1993		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	- + -	pplied For
21		26				59-3193544		ot Applicable
Suite, Apt. #	f, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	Fee R	Additional equired
City & State	, ⁻	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	Coun	try		This corporation owes or has paid the current Personal Property Tax due June 30.		tangible DNo
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
MATHEWS, EDSEL F JR				81 P	Name			
308 S. JEFFERSON ST. PENSACOLA FL 32501				32 5	Street Addr	ress (P.O. Box Number is Not Acceptable)		
			1	33				
			1	84 (City	FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered non	ANOTHER DESIGNATION OF THE PROPERTY OF THE PRO	Fr. Besistand	A cont o	rionat va raquis	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13			Agents	agratore recom	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITE	.ŧ			☐ Change	Addition
NAME	DODSON, DAVID B		1.2 NAN	Æ	i			
STREET ADDRESS	1709 E. GONZALEZ ST.			1.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32501			Y - ST - Z	ZIP			_
TITLE	☐ DELETE			2.1 THTLE			Change	☐ Addition
NAME			2.2 NAME		- 1			
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CITY-ST-ZIP			2. 4 CITY - ST - ZIP		ZIP			
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NAME			3.2 NAN	ΛE				
STREET ADDRESS			3.3 STR	EE1 AD	ORESS			
CITY-ST-ZIP				3.4. CITY - ST - ZIP				
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CITY-ST-ZIP			5.4 CITY	_	JIP		110	A a abst = -
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NAME			6.2 NAN	AE				
STREET ADDRESS			6.3 STA	eei ad	DRESS			
CITY-ST-ZIP			6.4 City	Y-ST-2	ZIP	One in the Otto Viv Florida Contrary I forther		

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.