

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000055505 (0)**

1. Corporation Name

S J & B DRILLING, INC.

Principal Place of Business

**13780 N.W. 4TH STREET
SUITE 113
FORT LAUDERDALE FL 33325**

Mailing Address

**13780 N.W. 4TH STREET
SUITE 113
FORT LAUDERDALE FL 33325**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

06/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0433988

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, STEPHEN W
13790 N.W. 4TH STREET
SUITE 113
FORT LAUDERDALE FL 33325**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	SMITH, STEPHEN W.
STREET ADDRESS	2720 WALKERS WAY
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VDS
NAME	SMITH, DIANE A.
STREET ADDRESS	2720 WALKERS WAY
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	V
NAME	GRAY, JAMES R.
STREET ADDRESS	14501 SW 21ST ST.
CITY - ST - ZIP	DAVIE FL
TITLE	V
NAME	MORRIS, WILLIAM C.
STREET ADDRESS	BOX 164, 21401 N. 7TH ST.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	V
NAME	WITTE, DAVID T.
STREET ADDRESS	1708 EAGLE TRACE BLVD., NO.
CITY - ST - ZIP	CORAL SPGS. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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, upon an attachment with an address.

SIGNATURE:

Diane A. Smith, V.P. *DIANE A. SMITH, V.P.*

1/17/95

(305) 846-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR