SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/3/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 PM 1:25

DOCUMENT # **P93000057958 (9)**

1. Corporation Name

SOUTHERN NETS AND RIGGING CO., INC.

Principal Place of Business	Mailing Address
4167 SW 87TH TERRACE DAVIE FL 33328	4167 SW 87TH TERRACE DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1993
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business
21: 5807 S.W. 89 LANE
22 Suite, Apt. #, etc:
23 City & State: Cooper City, FL
24 Zip: 33328 25 Country: USA

2a. Mailing Address
26: 5807 SW 89 LANE
27 Suite, Apt. #, etc:
28 City & State: COOPER CITY, FL
29 Zip: 33328 30 Country: USA

4. FEI Number: NOT APPLICABLE ☐ 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

PRATA, ROBERT E
4167 SW 87TH TERRACE
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5807 S.W. 89th LANE
84 City: COOPER City, FL 33328 FL 85 Zip Code: 33328

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. Additional Officers and Directors		
TITLE	D	11 TITLE		☑ Change ☐ Addition
NAME	PRATA, ROBERT E	12 NAME		
STREET ADDRESS	4167 SW 87TH TERRACE	13 STREET ADDRESS	5807 S.W. 89 LANE	
CITY ST ZIP	DAVIE FL 33328	14 CITY ST ZIP	COOPER CITY, FL 33328	
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	PRATA, FRAN	22 NAME		
STREET ADDRESS	4167 SW 87TH TERRACE	23 STREET ADDRESS	5807 S.W. 89 LANE	
CITY ST ZIP	DAVIE FL 33328	24 CITY ST ZIP	COOPER CITY, FL 33328	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 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.

SIGNATURE: Robert E. Prata ROBERT E. PRATA PRES. 6/12/95 1-800-226-7673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078518 CP