Apr 16, 2001 8:00 am Secretary of State

04-16-2001 90045 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057319

Entity Name

EVANS WELL DRILLING, INC.

| | | | | } | | | |
|---|---|--|---------------------------------------|--|--|---|--|
| Principal Place of Business Mailing Address | | | _ | | | | |
| 471 PLEASANT ST LAKE HELEN FL 32744 | | P O BOX 246 LAKE HELEN FL 32744 | | | | | |
| * 1 | | A FILE COMMON GIA NO. | rong tot the equition | | - L Nobelbos ind Corn Didik dairi dark dark dark | I BRINT N aeta i kana angka ir in 1 8 07 - | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN TH | IS SPACE | |
| City & State | | City & State | | 4. | FEI Number 59-3257358 | Applied For | |
| Zip Country | | Zip | Country | 5. | Certificate of Status Desired | Not Applicable \$8.75 Additional | |
| | 6. Name and Address of Courses B | a-internal A-one | | _ _ | | Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| MID FLORIDA FINANCIAL 718 W. NEW YORK AVE | | | Street / | Street Address (P.O. Box Number is Not Acceptable) | | | |
| UEL | AND FL 32720 | | - | · · · · · · · · · · · · · · · · · · · | | | |
| | | | City | | F | Zip Code | |
| Tax filing | Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so. | Registered Agent signal PEE IS \$150. Fee will be \$ | .00 550.00 | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | | |
| | | Make Check Payabl | | | | | |
| 11. | OFFICERS AND D | | 12. | AD | DDITIONS/CHANGES TO OFFICERS A | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVANS, JAMES PO BOX 246 N/A LAKE HELEN FL 32744 | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D EVANS, BRIAN | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | EVANS, JUANITA | | | | | ☐ Change · ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BINNING, KENNETH 28044 HIBISCUS AVE PASLEY FL 32767 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change ☐ Addition | |
| TITLE NAME | | ☐ Delete | TITLE | | | Change Addition | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

☐ Delete

Juanita C. Frans

4110/ 228391 Dayling Phone #

Change

☐ Addition