

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 JUL -8 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090592 (4)

1. Corporation Name

DIRECTIONAL BORING SYSTEMS, INC.



Principal Place of Business

P.O. BOX 1258  
ENGLEWOOD FL 34295-1258

Mailing Address

P.O. BOX 1258  
ENGLEWOOD FL 34295-1258

2. Principal Place of Business

21

Suite, Apt. #, etc.

515A PAUL MORRIS DR

City & State

Englewood, FL

Zip

34223

Country

FLORIDA

2a. Mailing Address

26

Suite, Apt. #, etc.

SAME

City & State

Englewood, FL

Zip

34223

Country

FL

3. Date Incorporated or Qualified

12/13/1994

3a. Date of Last Report

04/02/1996

4. FEI Number

65-0538296

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

HADNAGY, JAMES R  
4300 TIMBERLANE BLVD  
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name

R. ALAN STAHL

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

1636 New Point Comfort Rd.

83 City

Englewood

84 City

FL

85 Zip Code

34223

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

X [Signature]

X R ALAN STAHL

4-17-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP MORROW, STEPHEN D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1412 SW 10TH PLACE  
CAPE CORAL FL

TITLE VPS STAHL, ALAN R ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6520 MANASOTA KEY ROAD  
ENGLEWOOD FL

TITLE PT HADNAGY, JAMES R. ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4300 TIMBERLANE BLVD  
VENICE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE R. ALAN STAHL, Pres. ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1636 New Point Comfort Rd  
Englewood, FL 34223

2.1 TITLE JUDY STAHL, V.P. ☒ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
1636 New Point Comfort Rd  
Englewood, FL 34223

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
200002236512--2  
-07/11/97--01123--017  
\*\*\*\*165.00 \*\*\*\*165.00

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 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

[Signature] ALAN STAHL JUNI STAHL 4-17-97 941-474-6789

CR2E034 (9/96)