

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000013438 (3)

1. Corporation Name
NEAL DRILLING COMPANY



Principal Place of Business: **1614 NORTH MAYFAIR ROAD FT MYERS FL 33919**
Mailing Address: **1614 NORTH MAYFAIR ROAD FT MYERS FL 33919**

3. Date Incorporated or Qualified: **02/16/1995** 3a. Date of Last Report

| | | | | | | | |
|----|--------------------------------|---------------------|----|---|---|--------------------------------|--|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 26 | 4. FEI Number | 65-0555393 | Applied For | |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 27 | 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 23 | City & State | City & State | 28 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 24 | Zip | Country | 29 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | 30 | | | | |

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**NEAL, LLOYD G
17513 LEBANON ROAD
FT MYERS FL 33912**

| | | |
|----|--|----------------|
| 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 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: *Lloyd G Neal* **President and Chairman** 3/1/96
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | P/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEAL, LLOYD G | 1.2 NAME | |
| STREET ADDRESS | 17513 LEBANON ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL 33912 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEAL, RUTH E | 2.2 NAME | |
| STREET ADDRESS | 1614 NORTH MAYFAIR RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL 33912 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 119.07(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, or on an attachment with an address.

SIGNATURE: *Ruth E Neal* **Secretary/Treasurer** 3/1/96 941-481-2376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)