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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS P95000014337 (6) **DOCUMENT #** MICKS CORE DRILLING, INC. Principal Place of Business Mailing Address 6110 WHISKEY CREEK DR. 6110 WHISKEY CREEK DR. **UNIT 211** UNIT 211 FORT MYERS FL 33919 FORT MYERS FL 33919 3. Date Incorporated or Qualified 02/21/1995 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number **6**5-05562 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Zip Country Country 8. This corporation has liability for intangible tax under s. 199,032. Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MIKOVICH, JOEL Street Address (P.O. Box Number is Not Acceptable) 6110 WHISKEY CREEK DR. **UNIT 211** R3 FORT MYERS FL 33919 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature re OFFICERS AND DIRECTORS 13. 1121 F DELETE 1. **1** Tiff E MIKOVICH, JOEL 1.2 NAME 6110 WHISKEY CREEK DR., #211 STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL 33919 C TY-\$1-74P 1 4 CITY - ST - ZIP

(12/95)ADDITIONS/CHANGES TO OFFICEHS AND DIRECTORS IN 12 Criange Addition CR2E034 DELETE T-TLF 2.1 TITLE Change noit-bbA [MIKOVICH, ALAN NAME 2.2 NAME 13648 ADMIRAL COURT STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS FL 33912 CI1Y - S1 - Z(P 24 CITY - ST - ZIP DELETE 11111 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY ST-ZIF 3 4 C11Y - S1 - Z-P DELETE 1000 Change Addition 4. 1 TiTLE NAMi 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY - ST - 718 DELETE ☐ Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 0-1Y-S1-Z-P 5 4 CITY - \$1 - ZIP DELETE THE 6 1 THILE Change ☐ Addition NAM: STREET ADDRESS 63 STREET ADDRESS 6.4 CHY - ST - ZIP

14. Ido hereby certify that the information supplied with this filing is voluntarily turnished 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 final 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 proportion or the receiver in truster empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 13 if chagge, or only in attachment of an officer or Block 13 if chagge, and that my name

SIGNATURE: X

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

85 Zip Code

Not Applicable