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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90067 016 ***150.00

r. Corporation	MENT # P95000 NMENTAL DRILLING OF FL						
Principal Place	e of Business	Mailing Address				# #113) (## 11 1 ### 1	Sitti Brat (Sa)
18991 OUTRIGGER LANE 18991 OUTRIGGER LANE							
JUPITER FL 334		JUPITER FL 33458			DO NOT WRITE IN THI	e edace	
					3. Date Incorporated or Qualifed	3 3FACE	
					08/30/1995		j
2 Principal P	lace of Business	2a. Mailing Address		 -	4. FEI Number	Ap	oplied For
21		-			65-0610890	 	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22 27					5. Certificate of Status Desired	Fee Re	equired
City & State City & State					6. Election Campaign Financing	\$5.00	
23		28	0	<u> </u>	Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country	,	This corporation owes the current year In Personal Property Tax.	ntangible Yes	■No
24	9. Name and Address of Curre		30		10. Name and Address of New Registered		
	s. Maille and Address of Curre	nt registered Agent	81	Name			
HAU	ige, erling		93	Okra ak A dida	ess (P.O. Box Number is Not Acceptable)		
18991 OUTRIGGER LANE			82	Street Addit	ess (P.O. Box Number is Not Acceptable)		
JUPI	ITER FL 33458		83				
			84	City		85 Zip (Code
				'	<u>F</u> I	L	
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida, Such change was au ations of, Section 607.0505, Flori	thorized by da Statutes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appearance of the purpose of the p	ointment as re	gistered
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	HAUGE, ERLING	•	1.2 NAME				ļ
STREET ADDRESS	18991 OUTRIGGER LANE			TADDRESS			İ
CITY-ST-ZIP	JUPITER FL 33458		14 CITY-S	T-ZIP		[] Change	Addition
TMLE			2.1 TITLE		•	, Containings	
NAME			2.2 NAME	* +0000000			
STREET ADDRESS				T ADDRESS			[
CITY-ST-ZIP TITLE	□ DELETE		2. 4 CITY-5 3.1 TITLE	51-ZP		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			[
CITY-ST-ZIP			3.4. CITY-5	1			
TITLE	☐ DELETE		4.1 TITLE			Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		[] (ct	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition [
NAME			5.2 NAME	T ADORESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	DI-EIF		[] Change	Addition
TITLE		C) DEELE	6.2 NAME			J-	_ "
NAME				TADDRESS			'
STREET ADDRESS	1						İ

14. 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 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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE Type or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone #

R2E034 (11/98)