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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P96000022892 (9)

FRANK D. BOYDSTUN WELL DRILLING. INC. Principal Place of Business Maiting Address 626 PAM LEM ST P.O BOX 1714 **COCOA FL 32926 COCOA FL 32923** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3365846 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zιρ Country Country Zip This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOYDSTUN, FRANK D **626 PAM LEM ST** Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32926 B3** Zip Code 11. Pursuant to the provisions of Soctions 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 TITLE BOYDSTUN, FRANK D NAME 1.2 NAME 1670 PINECREST CT STREET ADDRESS 1.3 STREET ADDRESS **COCOA FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE BOYDSTUN, JUNE NAME 2.2 NAME 1670 PINECREST CTT STREET ADDRESS 2.3 STREET ADDRESS **COCOA FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 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 attachingent with an address.

SIGNATURE:

April 23, 1998 407-631-4385

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

May 01 1998 8:00am

Secretary of State