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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022892

1. Corporation Name

STREET ADDRESS

EDANK D. BOYDSTIIN WELL DOULING INC

FHANK D. BOYDSTUN WELL DHILLING, INC.								
01.1.101	(D	\$4_16 \$ d.d					HAD HADIN HADAN HA	110 (8118 1181 1 48 1
Principal Place		Mailing Address P.O BOX 1714						
626 PAM LEM ST P.O BOX 1714 COCOA FL 32926 COCOA FL 32923								
US						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed		
						04/01/1996	. ,	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3365846		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional Required
22		27						
City & State	e	City & State				6. Election Campaign Financing		O May Be
23 Zip	Country		Col	untry		8. This corporation owes the current year		1.10 F868
	25	29	30	u.,,		Personal Property Tax.	Yes	XÍNo
24	g. Name and Address of Curr		30	1		10. Name and Address of New Registere	d Agent	
				81	Name			
	DSTUN, FRANK D			02	Charact Address	ess (P.O. Box Number is Not Acceptable)		
	PAM LEM ST			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
COC	OA FL 32926			83				
								- 0-4-
				84	City	F	L 85 Zig	p Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stati	ites, the a	above	-named corpo	oration submits this statement for the purpose	of changing	ts registered
office or re agent. Lai	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607,0505, F	authorize Iorida Stat	d by t tutes.	the corporatio	n's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3						
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registere	d Agent	t signature required			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT Chang	
TITLE	PD POVDOTUM EDAME D	☐ DELETE		ITLE				s D'Addition
NAME	BOYDSTUN, FRANK D							
STREET ADDRESS	1670 PINECREST CT			IAME				
CITY-ST-ZIP					ADDRESS			
	COCOA FL		1.3 S 1.4 C	STREET SITY-ST			Chang	Addition
TITLE	COCOA FL ST	☐ DELETE	1.3 S 1.4 C 2.1 T	STREET CITY-ST TTLE			☐ Chang	e
TITLE NAME	ST BOYDSTUN, JUNE	☐ DELETE	1.3 S 1.4 C 2.1 T 2.2 N	STREET CITY-ST TTLE NAME	r-ZIP		Chang	e Addition
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CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

UNE P. Boydstun 4-29-99 407-632-4285 SIGNATURE: