

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000037960 (7)

1. Corporation Name

CDK DRILL SHAFTS CORP.



Principal Place of Business

2300 GRAND BLVD.  
HOLIDAY FL 34690

Mailing Address

2300 GRAND BLVD.  
HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1996	3a. Date of Last Report
4. FEI Number 59-3375312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 5519 Chaparral Lane

2a. Mailing Address

27 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

Holiday FL

28 City & State

29

24 Zip

34690

25 Country

USA

29 Zip

30

Country

30

9. Name and Address of Current Registered Agent

KETTLE, C D  
2300 GRAND BLVD.  
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President P
STREET ADDRESS		1.3 STREET ADDRESS	5519 Chaparral Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Holiday, FL 34690
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V.P. Operations VP
STREET ADDRESS		2.3 STREET ADDRESS	Richard Kettle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	5519 Chaparral Lane
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP Marketing VP
STREET ADDRESS		3.3 STREET ADDRESS	E.J. Miller
CITY-ST-ZIP		3.4 CITY-ST-ZIP	5519 Chaparral Lane
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Secretary/Treasurer ST
STREET ADDRESS		4.3 STREET ADDRESS	Lois Peck
CITY-ST-ZIP		4.4 CITY-ST-ZIP	5519 Chaparral Lane
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 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 (changed, or on an attachment with an address).

CR2E034 (4/97)