

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90186 035 ***150.00

0331170

DOCUMENT # P96000059637

1. Corporation Name
PRECISION DRILLING, INC.

Principal Place of Business
12773 W FOREST HILL BLVD
#200
WELLINGTON FL 33414
US

Mailing Address
12773 W FOREST HILL BLVD
#200
WELLINGTON FL 33414
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1996

4. FEI Number
65-0681093

Applied For
Not Applicable

2. Principal Place of Business
21 4627 10th Ave North
Suite, Apt. #, etc.

2a. Mailing Address
26 4627 10th Ave North
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lake Worth FL

28 Lake Worth FL

24 33463 25 USA

29 33463 30 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDONOUGH, MICHAEL DAVID
12798 FOREST HILL BOULEVARD
SUITE 201A
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	MILLER, MARY K	1587 STALLION DR	LOXAHATCHEE FL 33470	<input checked="" type="checkbox"/>
D	WALKER, EVELYN L	3381 SW 21 STREET	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
VPTD	MILLER, NANCY L	146 LAKESIDE TRAIL	KINNELON NJ 07405	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PT	Randy H. Conrad	1499 SW 10th Street	Boca Raton, FL 33486	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPS	Erling Hauge	18991 Outrigger Lane	Jupiter, FL 33458	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Randy H. Conrad 4-27-99 (561) 357-2972

CR2E034 (11/98)