SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

418 CYPRESS ROAD

OCALA FL 34472

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business 418 CYPRESS ROAD

OCALA FL 34472



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060916

PIUTE DIRECTIONAL DRILLING, INC.

2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3407166 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes the current year □ No Yes 29 30 Intangible Personal Property. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LONCARICH, DONALD Street Address (P.O. Box Number is Not Acceptable) 418 CYPRESS ROAD OCALA FL 34472 83 Zip Code 84 City 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, on 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. Donald Loncarich President July 5,1999 SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 11 TITLE Change Addition TITLE DELETE LONCARICH, DONALD 1,2 NAME NAME 418 CYPRESS ROAD 1,3 STREET ADDRESS STREET ADDRESS **OCALA FL 34472** 1.4 CITY-ST-ZIP CITY-ST-ZIP 21 TITLE Change Addition DELETE TITLE NAME - -22 NAME 2.3 STREET ADDRESS STREET ADDRESS

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4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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4 CITY-ST-ZIP 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 frue 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.

SIGNATURE:

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Donald Loncarich 7/5/1999 (970)243-8737

Change

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Addition

Addition

| Addition

Addition

FILED Jul 13, 1999 8:00 am

Secretary of State

07-13-1999 90008 048 ***550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/22/1996