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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000090212 (7)

FCC DRILLING COMPANY, INC.

## FILED May 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 110 DUNBAR, UNIT D 0LDSMAR FL 34677 OLDSMAR FL 34677-2903		8		A MACINSON HER COME BY AN BOTH BOTH BOTH BOTH BOTH BOTH HER HER HER STATE IN THE LIFE HEAD		
		-		Date Incorporated or Qualified     10/24/1996	3a. Date of Las	t Report
2. Principal Place of Business 2a. Mailing Address		***********		4. FEI Number	×	Applied For
1 110 Dunbar Avenue	26 P.O. BOX	P.O. Box 1801				Not Applicable
Suite, Apl. #, etc.	Suite, Ap1. #, etc.			5. Certificate of Status Desired	1 1 7 -	5 Additional Required
2 Unit D City & State	City & State			6. Election Campaign Financing		00 May Be
Oldsmar, FL	28 Oldsmar.	28 Oldsmar, FL		Trust Fund Contribution Added to Feet		
Z <sub>i</sub> p Country	Zip	<b>⊢</b> ¬	untry	8. This corporation has liability for in		r s. 199.032,
4 34677 25 USA	29 34677	30	USA		Yes No	
	of Current Registered Agent		81 Name	10. Name and Address of New Reg	listered Agent	
CRAMER, CHARLES W 1407 E. ROBINSON STREET, SUITE E ORLANDO FL 32801						
			82 Street	Address (P.O. Box Number is Not Acceptable	le)	
CHENING I CONOCI			83			
			84 City		les 7	in Code
			1	corporation submits this statement for the proporation's board of directors. I hereby accept		ip Code
	CERS AND DIRECTORS	13		e required when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE  ERS AND DIRECT  Chang	
President	DELETE	1.1	TITLE		☐ Chang	e 🗌 Additio
NAME Steve Bethe			NAME			
STREET ADDRESS 19055 Keytur			STREET ADDRESS City-St-Zip			
CHY-SI-7IP Humble, TX			TITLE		Chang	je Additio
Vice Preside  NAME  Julian Burne		22	NAME			
	k Flats Road	23	STREET ADDRESS		= 10	
Daholonega,		2.4	CITY-ST-ZIP			
TITLE.	DELETE		TITLE		☐ Chang	ge Additio
NAME ENTERED	APR 2 4 1997		NAME PENCET ADDRESS			
SURTE I WORMEDS	- ·		STREET ADDRESS			
CITY - SJ - ZIP TITLE	DELETE		CITY-ST-ZIP TITLE		Chang	e Addition
NAME	<b></b> == ::	1	NAME		•	
STREET ADDRESS		4.3	STREET ADDRESS			
CITY - S1 - ZIP			CITY-ST-ZIP			
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NAME			NAME			
STREET ADDRESS (		■ 53	STREET ADDRESS	Į.		
CITY-S1-ZIF TITLE				]		
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NAME	DELETE	5.4 6.1			☐ Chang	ge 🔲 Additio
NAME STREET ADDRESS	DELETE	5.4 6.1 6.2	CITY-ST-ZIP TITLE		Chang	ge 🔲 Additio
	DELETE	5.4 6.1 6.2 6.3	CITY-ST-ZIP TITLE NAME		[_] Chang	ge Additic

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 if changed, or on an attachment with a address.

SIGNATURE

CHATURE AND TYPED OR PRINCES OF SKINNG OFFICER OR DIRECTOR

Davlime Phone #

Date

72E034 (9/96)