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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90061 025 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057003

1. Corporation Name

A&B WELL-DRILLING, INCORPORATED



Principal Place of Business

5550 CYBILS DRIVE
ST CLOUD FL 34771

Mailing Address

5550 CYBILS DRIVE
ST CLOUD FL 34771

Change
like
New ADD:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

59-3460895

Applied For

Not Applicable

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

2. Principal Place of Business

21 2770 ABSHER RD

2a. Mailing Address

26 2770 ABSHER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 St cloud fl

City & State

28 St cloud fl

Zip

24 34771

Country

25 FL

Zip

29 34771

Country

30 FL

9. Name and Address of Current Registered Agent

BROOKS, KYLE
5550 CYBILS DRIVE
ST CLOUD FL 34771

Change
like
New ADDRESS

10. Name and Address of New Registered Agent

81 Name

LLOYD R RYON

82 Street Address (P.O. Box Number is Not Acceptable)

2770 ABSHER RD

83

City

St cloud fl

85

Zip Code

34771

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 D
NAME BROOKS, KYLE
STREET ADDRESS 5550 CYRILS DRIVE
CITY-ST-ZIP ST CLOUD FL 34771

☐ DELETE

TITLE D
NAME RYON, LLOYD
STREET ADDRESS 2770 ABSHER RD
CITY-ST-ZIP ST CLOUD FL 34771

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

LLOYD R RYON president
2770 ABSHER RD
ST CLOUD FL 34771

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

407-892-0645

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-99 892-0645

CR2E034 (11/98)