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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000108535 (0) **DOCUMENT #**

DOUBLE K DRILLING, INC.

Principal Place of Business Mailing Address 768 PINE VALE DR. 768 PINE VALE DR. NAPLES FL 30144 NAPLES FL 30144 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Apr 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1997 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PITTS. JESSICA A 768 PINE VALE DR. 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 30144 83 84 City Zip Code 85 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 Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (amiliar with, and accept the appointment as registered agent. I am (amiliar with, and accept the appointment as registered agent.) 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETÉ 1.1 TITLE Change Addition PITTS, PHILLIPS K NAME 1.2 NAME 768 PINE VALE DR. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 30144 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE Change Addition 2.1 TITLE PITTS, JESSICA A NAME 2.2 NAME 768 PINE VALE DR. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 30144 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY - ST - 7(P TITLE DELETE 5.1 TITLE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change 6.1 TITLE ☐ Addition NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 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 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 13 if chapted, or on an attachment with an address.