12001 UNI مرم 🕅 BUSINESS REPORT (UBR) MENDE TALAHASSES DOCUMENT # P98000101247 1. Entity Name SOUTHERN DRILLING, INC. 01 DEC -3 PM 3: 44 Principal Place of Business Mailing Address 1538 NE EASTLING AVE 1538 NE EASTLING AVE ARCADIA, FL 34266 ARCADIA, FL 34266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0877210 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOMELDORPH, HOWARD R JR Street Address (P.O. Box Number is Not Acceptable) 7648 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE XX Delete TITLE ☐ Addition Change D 700004728697--12/17/01--01058--019 NAME NAME PUMMELL, SHEILA K STREET ADDRESS STREET ADDRESS 1538NE ÉASTLING AVE CITY-ST-ZIP CITY-ST-ZIP *****61.25 ****61.25 ARCADIA, FL 34266 ☐ Delete TITLE ☐ Change ■ Addition PUMMELL, LARRY L 1538 NE EASTLING AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA. FL 34266 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and according 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 received or trustee empowered to page this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attraction.

SIGNATURE

LARRY L. PUMMELL

Sugust 9, 2001