FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	n Nanie		92219 & DRILLING,	(2) . INC.			# (88)(818 HE 38)/4 (1810 1180) H	i a i a a a a a a a a a a a a a a a a a	iðir ðiðsi ðinii atni	
Principal Place of Business Majura Address:										
3310 SOUTHWEST MARTIN STREET PORT ST. LUCIE FL 34953				Maing Address 3310 SOUTHWEST MARTIN STREET PORT ST. LUCIE FL 34953						
							3. Date incorporated or Qualified 11/05/1991	3a. Date of Last F 04/21/1	•	
2. Principal Pla 21	ace of Busin	ess		2a. Mailing Address			4. FEI Number	4. FEI Number Applied For		
Suite, Apt.	#, etc		20	Suite, Apt. #, etc.			65-0291055 Not Applicable 5. Certificate of Status Desired 51 \$8.75 Additional			
22			27				5. Certificate of Status Desired		Required	
City & State)		28	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be	
Zip	Zip Country			Zip Country		Trust Fund Contribution				
24	4 25 9. Name and Address of Curre			29 30			Florida Statutes	Florida Statutes		
	9, 1401110	ano Address	or Current Regi	stered Agent	81	Name	10. Name and Address of New F	legistered Agent		
MCCARTEN, GERALD					L		(20)		·	
3310 SW MARTIN ST.				82		Street A	ddress (P.O. Box Number is Not Acceptat	(ek		
SUITE 500-E				83						
PORT ST. LUCIE FL 34953						City		- 85 Z	ip Code	
11. Pursuant to	o the provisi	ons of Sections	607.0502 and 60	07.1508, Florida Statute	es, the above-	named con	poration submits this statement for the pur	PL.	registered office	
familiar wit	h, and accer	the obligation	is of Section 697	0505, Florida Statutes	ed by the corp 	oration's b	oard of directors. I hereby accept the app	ointment as registered	agent. I am	
12.	Signature, typer		pstered agent and tile to CERS AND DIRE			nt signature req	ulied wher reinstaling)	DATE		
TITLE	PDS	OFFR	OENS AND DIRE	DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 12	
NAME				_	1.2 NAME				Kuulilon	
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-Z-P TITLE	VP	ST. LUCIE FL	<u> </u>	F) DOLLE	1.4 CITY - 9	ST-ZIP				
NAME	•••	ARTER, ROBE	RT	☐ DELETE	2 1 TITLE 22 NAME			Change	☐ Addition	
STREET ADDRESS	1				23 STREET	ADDRESS				
CITY - S1 - ZIP	PORT	ST. LUCIE FL				T-ZiP				
TITLE				DELETE	3 1 THILE			☐ Change	☐ Addition	
NAME STREET ADDRESS					3.2 NAME	- 1				
CITY - ST - ZIP					3.4 CITY - S					
TITLE				DELITE	4. 1 TITLE	1-215		[] Change	Addition	
NAME					4 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP TITLE				DELETE	4.4 CITY - S	T-ZIP				
NAME				ET perrie	5. 1 TITLE 5.2 NAME			☐ Change	☐ Addition	
STREET ADDRESS					5.2 NAME 5.3 STREET	ADDRESS				
CITY-S1-2IP					54 CHY-S					
TITLE				DELETE	6 1 TITLE			Change	Addition	
NAME					6.2 NAME			— -		
STREET ADDRESS					6.3 STREET	ADDRESS				
14. Ldo hereby	certify that t	he information s	supplied with this	filina je valuotariju furni	64 CITY-S	r - ziP				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)%). Fiorida 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 this 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 changes, or on an attachment with an address?

SIGNATURE:

4/22/96 (407)336-4693