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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V29923

(2)

Mailmo Address

TANNER'S WELL DRILLING, INC.

FILED Feb 10 1997 8:00am Secretary of State

2655 COUNTY F FELDA FL 33930		PO BOX 211 FELDA FL 33930-0211 US							
						3. Date incorporated or Qualified 04/15/1992	3a. Date of Las 04/18/1990		
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number 65-0333426		Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.					\$8.7	5 Additional	
22		27				5. Certificate of Status Desired	☐ Fee	Required	
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
η Zιρ	Country	Zip	 1	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24	25 9. Name and Address of Cui	rent Registered Agent	30	Τ		10. Name and Address of New Re			
TANI	VER, TRAMMEL E			81	Name				
	COUNTY ROAD 830			82	Street Ar	odress (P.O. Box Number is Not Acceptab	le)		
FELC)A FL 33930				- Cucot i	Sold Control of the C			
				83					
				84	1		FLIT	Zip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607, 1508, Florida Stal	tutes, the a	above	e-named c	orporation submits this statement for the poration's board of directors. I hereby accept	urpose of changir	ng its registered	
agent. La	egistered agent, or both, in the 5 m familiar with, and accept the ol	oligations of, Section 607.0505,	Florida Sta	itute	s.	ration's poard of directors, I hereby accep	и пе аррошинен	t as rogistored	
SIGNATURE	Signature, typest or practed name of registers						DATE	·	
12.		AND DIRECTORS	13		ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	D	DELETE		TITLE			☐ Chan		
NAME	TANNER, TRAMMEL E		1.21	MAME					
STREET ADDRESS	2655 COUNTY RD 830		1.33	STREET	ADDRESS				
CITY-ST-ZIP	FELDA FL				T-ZIP				
TITLE		☐ DELETE		TITLE	ļ		Char	nge L. Addition	
NAME				NAME					
STREET ADORESS	<u> </u>				ADDRESS				
CITY: ST: ZiF T:TLE		DELETE		TITLE	ST - ZIP		☐ Char	nge Addition	
NAME				NAME				•	
STREET ADDRESS			- 1		ADDRESS				
CITY - ST - ZIP			3 4.	ÇITY-	ST-ZIP				
THLE		☐ DELETE	41	TITLE	<u>_</u>		Char	ige 🔲 Addition	
NAME			4.2	NAME	1				
STREET ADDRESS					ADDRESS				
CITY - S1 - 74P		Dougte			ST-ZIP		Char	nge Addition	
TITLE		☐ DELETE		TITLE			L., Gliai	ião 🗂 vonitini	
NAME				NAME OTDEE	t ADODECC				
STREET ADDRESS			- 1		T ADORESS ST-ZIP				
CITY ST-7IP TITLE		DELETE		TITLE	31 * £IF		☐ Chai	nge Addition	
NAME				NAME					
STREET ADDRESS					T ADDRESS				
CHTY-ST-ZIP					ST-ZIP				
	by portify that the information sur-	plied with this filing does not a				sted in Section 119,07(3)(i). Florida Statute	s. I further certify	that the	

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 an address.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

I MAN VE IS

X 24-97

×941-675-0073

Daytime Phone #