

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

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V36759

(1)

1. Corporation Name

C. L. CAPPS WELL DRILLING, INC.

Principal Place of Business

Mailing Address

RT. 1, BOX 346  
C. L. CAPPS ROAD  
BLOUNTSTOWN FL 32424

RT. 1, BOX 346  
C. L. CAPPS ROAD  
BLOUNTSTOWN FL 32424-8774

3. Date Incorporated or Qualified

05/14/1992

3a. Date of Last Report

01/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3138634

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C. L. CAPPS  
RT. 1, BOX 346  
C. L. CAPPS ROAD  
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of Corporation's registered agent, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                 |                       |  |
|-----------------|-----------------------|--|
| TITLE           | V                     | <input checked="" type="checkbox"/> DELETE |
| NAME            | WALDROZ, ROBERT B.    |  |
| STREET ADDRESS  | HWY C-69, P.O. BOX 12 |  |
| CITY - ST - ZIP | BLOUNTSTOWN FL 32424  |  |
| TITLE           | V                     | <input type="checkbox"/> DELETE            |
| NAME            | HAYES, CALVIN H.      |  |
| STREET ADDRESS  | RT. 1, BOX 346        |  |
| CITY - ST - ZIP | BLOUNTSTOWN FL 32424  |  |
| TITLE           | P                     | <input type="checkbox"/> DELETE            |
| NAME            | CAPPS, C.L.           |  |
| STREET ADDRESS  | RT. 1, BOX 346        |  |
| CITY - ST - ZIP | BLOUNTSTOWN FL 32424  |  |
| TITLE           |                       | <input type="checkbox"/> DELETE            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |
| TITLE           |                       | <input type="checkbox"/> DELETE            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |
| TITLE           |                       | <input type="checkbox"/> DELETE            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

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: C. L. CAPPS C. L. CAPPS

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

Date

904-674-8942

Daytime Phone

CR2E034 (9/96)