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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # V64740**

E. L. BRY	/ant well drilling, inc	, F•										
Principal Place	of Business	Mail	ing Address					3 (AEST ATTER ATTER ATAN	18811 81811 8	Bel Bibli At	BIS BIBN BIBN BS	141 616 11 4661
C/O LOWRY & WATSON, CPA C/O LOWRY & WATSON, CR 133 HOSPITAL DR. 134 HOSPITAL DR. FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							}	09/17/1992				
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number			Apr	olied For
21	ace of Business	26						59- 3141849			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 133 Hospital Dr., N				NJ.	E .	5. Certificate of Status De	sired	×	\$8.75 A	
City & State		27	City & State				-	6. Election Campaign Fina	ancing	_	\$5.00	May Ro
23		28						Trust Fund Contribution)		Added to	- 1
Zip	Country	7	Zip		untry	'	ĺ	8. This corporation owes		t year Int	angible	.
24	25	29		30	,			Personal Property Tax.			74	□No
	9. Name and Address of Curre	nt Registe	ered Agent		0.4			10. Name and Address o	New Reg	jistered	Agent	
DDVA	INT F I				81	Name						
Bryant, E. L. 1557 Hwy 98 West					82	Street A	Addres	s (P.O. Box Number is Not	Acceptable	e)		
MARY ESTHER FL 32569					83							
					84 City					FL	85 Zip C	ode
					<u> </u>	<u> </u>			f - 11			ro giotorod
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida	i. Such change was a	autnonze	ару	the corpo	corpora oration's	ation submits this statement s board of directors. I hereb	y accept t	he appoi	ntment as reg	istered
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if	osolicable (NOT	E - Benistans	d Aner	nt signature re	w heriuna	hen reinstating)		DATE)
12.	OFFICERS A			13				ADDITIONS/CHANGES	TO OFFI	CERS AN	ND DIRECTO	RS IN 12
TITLE	PD		. DELETE	1.17	TILE						Change	☐ Addition
NAME	BRYANT, E. L.			1.21	IAME							ľ
STREET ADDRESS	1557 HWY 98 WEST			1.3 5	TREE	T ADDRESS						Ì
CITY-ST-ZIP	MARY ESTHER FL				TY-S	1	Ma	ary Esther,	FL ,	325	69	
TITLE	marr Estite 1		☐ DELETE	2.17			V				☐ Change	Addition
NAME				2.21	AME		Dai	nny L. Bryan	+			ļ
STREET ADDRESS				235	TREE	T ADDRESS	20	03 Dock's P	acc			
CITY-ST-ZIP						ST-ZIP	_	rt Walton B			3254	7
TITLE		-	☐ DELETE	_	MILE		S/			4	☐ Change	Addition
NAME				3.21	AME			ssie A. Brya	tns			
STREET ADDRESS				3.3 5	TREE	T ADDRESS	15	57 HWY 98	West	H		
CITY-ST-ZIP				3.4.	CITY-5	ST-ZIP	M	ary Esther.	FL	32	569	
TITLE		·	DELETE		ITLE				•		☐ Change	☐ Addition
NAME				4.2	NAME							
STREET ADDRESS				4.3 9	STREE	T ADDRESS						
CITY-ST-ZIP				4.4 (OTY-S	ST-ZIP						
TITLE			☐ DELETE		ITLE		Γ				Change	☐ Addition
NAME				5.21	NAME							
STREET ADDRESS				5.3	STREE	T ADDRESS				•		
CITY-ST-ZIP				5.4	CITY-S	ST-ZIP						
TITLE	- in the second		☐ DELETE	6.1	TITLE						☐ Change	☐ Addition
NAME				6.21	MAME							

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 12 or Block 13 if changed, or a statishment with an address with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(850) 244-3714

FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90024 008 ***158.75