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

PROFIT

FLORIDA DEPARTMENT OF STATE

	PPORATION UAL REPORT Secretary DIVISION OF CO			of State	₽ •	S	Secretary	of State	
1, Corporation	MENT # 138572  DA DRUM COMPANY, 1	INC.	(3)						
- 20112									
Principal Place of Business Mailing Address									
10 Sprud P.O. Box	ce Street 2 1951	Spruce Street Box 1951				DO NOT WRITE IN THIS SE	ACE.		
			Pensacola, FL 32589				3. Date Incorporated or Qualified		
<u> </u>							02/05/1940		
<del>-</del>	Place of Business	<u> </u>	Mailing Address				4. FEI Number	Applied For	
Suite, Apt	#. etc.		Suite, Apt. #, etc.				59-0246255 <b>5.</b> Certificate of Status Desired □	\$8.75 Additional Fee Required	
City & Stat	е		City & State				8. Election Campaign Financing	\$5.00 May Be	
23		28		<del> </del>			Trust Fund Contribution	Added to Fees	
Ζιρ	Country	<del></del>	├-¬ '			8. This corporation owes or has paid the currel Personal Property Tax due June 30.			
24	25 9. Name and Address of Cu	29 rrent Registered		30]			10. Name and Address of New Registered Ag		
			<u> </u>		81 1	lame			
Long, DCC					<b>62</b> S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
P.O. Box 1951 - 10 Spruce Street									
rensac	ola, FL 32505			}	83			i	
				Ì	84 C	City	FL	85 Zip Code	
44 Dureupot	to the provisions of Soctions 607.	0502 and 607 150	08 Florida Statutos	the ah	OVE-DS	med corp	oration submits this statement for the purpose of ci	hanging its registered	
office or r	egi <b>ste</b> red agent, or both, in the Si in familiar with, and accept the et	tate of Florida. Su	ch change was au	ithorized	i by the	e corporati	ion's board of directors. I hereby accept the appoir	itment as registered	
SIGNATURE									
	Signature Typed or printed name of tegralerer	AND DIRECTORS		Registered	Agent s	grialure require	ad when reinstating)  DATE  ADDITION IS COLUMN CES TO DESCREE AND E	NECTOR: IN 19	
TITLE	D	AND DIRECTORS	DELETE	1.1 TIT	LF	<del>-   .</del>	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition	
NAME	Long, D C			1.2 NA			·		
STREET ADDRESS	2001 N. Magnolia	Avenue		1 3 ST/	REFT ADD	RESS			
CITY-ST-ZIP	Pensacola FL			1.4 Ci1	Y - SI - ZI	P			
TITLE	DP		☐ DELETE	2 1 111	LE		L	Change	
NAME	Long, C R			2.2 NA		}		Ì	
STREET ADDRESS	3300 N. Hutchins	on Street			REET ADD				
TITLE	Pine Bluff, AR				2 4 CITY - ST - ZIP 3.1 TITLE			Change	
NAME	Long, M.A.			3.2 NA		}	_		
STREET ADDRESS	2001 N. Magnolia	Δve.		3 3 ST6	REE1 ADD	RESS			
CITY - ST - ZIP	Pensacola, FL			3.4. CI	1Y - ST - Z	P			
TITLE	TAS		DELETE	4,1 TIT		- (		Change	
NAME	Ragans, Richard	<b>a</b>		4, 2 NA					
STREET ADDRESS	3300 N. Hutchins	on Street			DDA 1938			ļ	
CITY-ST-ZIP TITLE	Pine Bluff, AR		DELETE	4.4 CII 5 1 TIT	Y - ST - ZI LE			Change Addition	
NAME				5.2 NAI			_	الم رحا	
STREET ADDRESS					GDA 1331	RESS		-S-(2/40)	
CITY - ST - ZIP				5.4 CIT	Y - ST - ZI	Р		317	
TITLE			☐ DELETE	6 1 TiTi			6000024454 -03/03/980101102	Ghenge Addition	
NAME				6.2 NAI		Į		26 [	
STREET ADDRESS				6 3 ST	REE! ADD	RESS	***300.00		

114. It 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 frue 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 line regiver or trusted 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 it on an asylchment with an address.

**SIGNATURE:** 

247-2804

**FILED** 

Mar 03 1998 8:00am