

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # K92597 (9)

1. Corporation Name
DRUMMOND BANKING COMPANY



Principal Place of Business	Mailing Address
1627 N. YOUNG BLVD. P.O. DRAWER 1039 CHIEFLND FL 32626 US	1627 N. YOUNG BLVD. P. O. DRAWER 1039 CHIEFLND FL 32626 US

3. Date Incorporated or Qualified 06/05/1989	3a. Date of Last Report 02/28/1995
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number 59-2964393	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

DRUMMOND, G. L
1627 N YOUNG BLVD
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	FL

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, typed or printed name of registered agent and trust applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DRUMMOND, G. LUTHER, II	
STREET ADDRESS	P. O. BOX 406 N/A	
CITY - ST - ZIP	CHIEFLND FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	COWART, WELLIE	
STREET ADDRESS	RT. 3, BOX 175-T N/A	
CITY - ST - ZIP	CHIEFLND FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Wellie Cowart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WELLIE COWART, Secretary

3-7-96

352-493-2277

Date

Daytime Phone #

CR2E034 (12/95)