2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 🖘

AND TYPED

ED NAME OF SIGNOIG OFFICER OR DIRECTOR

May 20, 2004 8:00 am Secretary of State DOCUMENT # P03000116513 04-29-2004 90238 049 ***150.00 1. Entity Name DRUM REALTY, INC. Principal Place of Business Mailing Address 2157 MCGREGOR BLVD. 2157 MCGREGOR BLVD. 66422979 FT. MYERS FL 33901 FT. MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name ____ DRUM, JAMES W -Street Address (P.O. Box Number is Not Acceptable) 2157-MCGREGOR:BEVD: FT. MYERS FL 33901 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if explicatitie. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition NAME : DRUM, JAMES W NAME STREET ADDRESS 2157 MCGREGOR BLVD. STREET ADDRESS FT. MYERS PL 33901 CITY-ST-ZIP CITY-ST-ZIP VP Delete TITLE TITLE ■ Addition Change DRUM, SHIRLEY NAME NAME STREET ADDRESS 2157 MCGREGOR BLVD. STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33901 CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Chance ☐ Addition NAME DRUM, JAMES'A NAME : STREET ADDRESS 2157 MCGREGOR BLVD. STREET ADORESS CITY-ST-7IP CITY-ST-ZIP FT. MYERS FL 33901 ITTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED