

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 JUL 12 AM 9:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P93000064548 (9)**

1. Corporation Name

**DRM & S, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **1301 GULF LIFE DRIVE SUITE 214 JACKSONVILLE FL 32207**  
 Mailing Address: **1301 GULF LIFE DRIVE SUITE 214 JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified: **09/16/1993** 3a. Date of Last Report: **10/04/1994**  
 4. FEI Number: **59-3201719** Applied For:  Not Applicable:

2. Principal Place of Business: **21 One Independent Dr. Suite, Apt. #, etc. 22 Suite 2201 23 Jacksonville, FL 24 32202**  
 2a. Mailing Address: **26 One Independent Dr. Suite, Apt. #, etc. 27 Suite 2201 28 Jacksonville, FL 29 32202 30 Duval**

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

**SMATHERS, BRUCE A  
 1301 GULF LIFE DRIVE  
 SUITE 214  
 JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): **One Independent Dr.**  
 83 Suite: **Suite 2201**  
 84 City: **Jacksonville** FL 85 Zip Code: **32202**

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: *Bruce A. Smathers*

(NOTE: Registered Agent signature required when reconstituting)

DATE: **6-14-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PCEO</b>
NAME	<b>SMATHERS, BRUCE A</b>
STREET ADDRESS	<b>4051 TIMUQUANA RD.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	<b>C</b>
NAME	<b>SMATHERS, BRUCE A</b>
STREET ADDRESS	<b>4051 TIMUQUANA RD.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	<b>STD</b>
NAME	<b>DRAWDY, KELLY</b>
STREET ADDRESS	<b>2777 GRANITE RIDGE CT.</b>
CITY - ST - ZIP	<b>ORANGE PARK FL 32065</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Bruce A. Smathers*

6-14-95

(904) 358-0819

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(System Print #)

CR2E034 (3/95)