

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **292323** (3)
1. Corporation Name
THE H. & W. B. DREW COMPANY



Principal Place of Business: 2565 PHILLIPS HWY JACKSONVILLE FL 32207
Mailing Address: 2565 PHILLIPS HWY JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 04/27/1965
3a. Date of Last Report: 05/16/1995

21	22	23	24	25	26	27	28	29	30	4. FEI Number	Applied For
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		59-1108019	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees
City & State		City & State									
Zip		Country		Zip		Country					

9. Name and Address of Current Registered Agent

PATTERSON, ALLEN
2565 PHILIPS HIGHWAY
JACKSONVILLE FL 32207

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

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HOBBS, DOROTHY	1.2 NAME	
STREET ADDRESS	2565 PHILLIPS HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	TSD	2.1 TITLE	
NAME	PATTERSON, ALLEN	2.2 NAME	
STREET ADDRESS	2565 PHILIPS HWY.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy Hobbs* Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/96 904 386-5240
Daytime Phone #

CR2E034 (12/95)