

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

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 292323 (3)**  
 1. Corporation Name  
**THE H. & W. B. DREW COMPANY**



Principal Place of Business <b>2565 PHILLIPS HWY JACKSONVILLE FL 32207</b>	Mailing Address <b>2565 PHILLIPS HWY JACKSONVILLE FL 32207</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>P.O. Box 5849</b>
22 City & State	27 <b>JACKSONVILLE FL</b>
23 Zip Country	28 <b>32247 USA</b>

3. Date Incorporated or Qualified <b>04/27/1965</b>	4. FEI Number <b>59-1108019</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**PATTERSON, ALLEN**  
**2565 PHILLIPS HIGHWAY**  
**JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name <b>PATTERSON, ALLEN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>601 1ST SO. APT 7H</b>
83
84 City <b>JACKSONVILLE BEACH FL</b>
85 Zip Code <b>32250</b>

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 **Allen C Patterson** *[Signature]* DATE **3-5-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE <b>PD</b>	NAME <b>HOBBS, DOROTHY</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>2565 PHILLIPS HWY</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>TSD</b>	NAME <b>PATTERSON, ALLEN</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>2565 PHILLIPS HWY.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE <b>PD</b>	1.2 NAME <b>Hobbs, Dorothy</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS <b>600 SAN JOSE BLVD #804</b>	1.4 CITY-ST-ZIP <b>JACKSONVILLE FL 32216</b>		
2.1 TITLE <b>TSD</b>	2.2 NAME <b>PATTERSON ALLEN C</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS <b>601 1ST SO 7H E</b>	2.4 CITY-ST-ZIP <b>JACKSONVILLE BEACH FL 32250</b>		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. 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 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 in an attachment with address.

SIGNATURE: *[Signature]* **3-5-98 904 396 5240**

CR2E034 (10/97)