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Secretary of State

04-01-1999 90025 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 292323

1. Corporation Name
THE H. & W. B. DREW COMPANY

Principal Place of Business 2565 PHILLIPS HWY JACKSONVILLE FL 32207	Mailing Address P. O. BOX 5849 JACKSONVILLE FL 32247 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1927 Secluded Woods Suite, Apt. #, etc. LANE 22 City & State 23 NEPTUNE BEACH FLA Zip 24 32266 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 04/27/1965	4. FEI Number 59-1108019	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PATTERSON, ALLEN
~~801 1ST S APT 7H~~
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name PATTERSON ALLEN
82 Street Address (P.O. Box Number is Not Acceptable) 1927 Secluded Woods LANE
83
84 City NEPTUNE BEACH FL
85 Zip Code 32266

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** DATE **3-26-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	HOBBS, DOROTHY	
STREET ADDRESS	6000 SAN JOSE BLVD #804	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	TSD	
NAME	PATTERSON, ALLEN C.	
STREET ADDRESS	601 1ST S 7 H	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	1927 Secluded Woods LANE		
1.4 CITY-ST-ZIP	NEPTUNE BEACH FL 32266		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS	1927 Secluded Woods LANE		
2.4 CITY-ST-ZIP	NEPTUNE BEACH FL 32266		
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)