

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

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 329099

(6)

1. Corporation Name
FT. DRUM ESTATES, INC.

Principal Place of Business

81270 N.E. 16TH WAY
OKEECHOBEE FL 34972

Mailing Address

31270 N.E. 16TH WAY
* OKEECHOBEE FL 34972-6833
NEW ADDRESS (PLEASE)



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 417 NORWOOD RD		04/22/1968		05/01/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Zip		28 SILVER SPRING		59-1635499		Not Applicable	
24 Country		29 MD.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
		30 MONT.		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
				7. Trust Fund Contribution		☐	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

NINE, ROBERT F
31270 N.E. 16TH WAY
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NINE, ROBERT F	1.2 NAME	
STREET ADDRESS	31270 N.E. 16TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	NINE, HELEN L	2.2 NAME	
STREET ADDRESS	31270 N.E. 16TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 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.

SIGNATURE

Robert F. Nine

3-26-97

(301) 384-5253

CR2E034 (9/96)