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

May 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 415893 ORLANDO DRUM CO-Principal Place of Business Mailing Address 4880 HOFFNER ST 4880 HOFFNER ST ORLANDO FL 32812 ORLANDO FL 32812 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1973 28. Mailing Address
26. 4680 HOFFNER AVE 2. Principal Place of Business 4, FEI Number Applied For 4880 Not Applicable 59-1431819 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the ourrent year Intangible Personal Property Tax due June 30. 24 25 29 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYES STREET 82 Street Add TALLAHASSEE FL 32301 83 City OPLANDO 84 85 Zip Code 328/2 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 Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. SIGNATURE (NOTE Angistered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Addition DELETE Change 1,1 TITLE TITLE KEITH HACKLEY DRYDEN, LINDSAY D. NAME 1.2 NAME 4880 HOFFNER AVE 800 FAIRMOUNT AVE #203 1.3 STREET ADDRESS STREET ADDRESS ORLANDO, FL. 32812 **TOWSON MD** 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 1ITLE **BURKE, REGIS** 2.2 NAME NAME 600 FAIRMOUNT AVE. #203 STREET ADDRESS 2.3 STREET ADDRESS TOWSON MD CITY-ST-2IP 2. 4 C(TY - S1 - Z(P DELETE 3.170116 Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE ☐ Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4,4 CITY - ST- ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - \$1 - ZIP

14. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

FILED