FOR PROFIT CORPORATION

| | UNIFORM BUSINE | ESS REPOR | T (UBR) | | | |
|---|--|--|--|---|---|--|
| DOCUMENT # 432806 1. Entity Name DREW-PONS INC | | | | FILED | | |
| UBA | A EDWARD'S PIPE & TO | BACCO | | 02 JUN 28 AM 11: | 54 | |
| DO NOT WRITE IN THIS SPACE | | | | SECRETARY OF STATIONAL SEE, FLORI | .TE IDA | |
| 2. Principal Place of Business 21185, FLORIDA AVE Suite, Apt. #, etc. | | 3. Mailing Address SAME Suite, Apt. #, etc. | | DO NOT WRITE II | DO NOT WRITE IN THIS SPACE | |
| LAKE | tate ELAND, FLA. | City & State | | 4. FEI Number | Applied For | |
| 3380. | Country | Zip | Country | 5 0-15 | Not Applicable \$8.75 Additional Fee Required | |
| | DO NOT WE IN THIS SPA | | Name Dow Street Address (P | 7. Name and Address of Current Reginary [ALD R DREW- P.O. Box Number is Not Acceptable) 5. HIMMERING DI | istered Agent | |
| • The show | | 1 | City / 🔨 | WELD ND | K , Zig Code | |
| SIGNATURE 2 | Signature, typed or printed name of registered agent and poration is eligible to satisfy its Internalible. | d ute i applicable. (NOTE | TE: Registered Agent signature required wi | 6.70- | | |
| iax ruing re | requirement and elects to do so. Peria on back) OFFICERS AND DIF | After May Amended Make Check Payab | y 1, Fee is \$550.00 y 1, Fee is \$550.00 d UBR is \$61.25 ble to Department of State | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT DONALD R DREW 6810 SHIMMERING | DR. | TIFLE NAME STREET ADDRESS | | | |
| | LAKELAND, FL. 3 VICE PRESIDENT CHARLENE P DREW 6810 SHIMMERING D | 33813 | CITY-ST-ZIPY TITLE NAME STREET ADDRESS | 300005 -077097 ***187 | 27015 3 /0201020016 /2.50 ***1972.50 | |
| TY-ST-ZIP | LAKELAND, FL 339 | LAKELAND, FL 33813 SEC/TREASURE CHARLENE P. DREW 6810 SHIMMEDING DR | | | | |
| TLE | -6810 SHIMMEDING. KAKELAND, FL 338 | 5/3 | NAME STREET ADORESS CITY ST ZIP | DO NOT WE | | |
| TY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | IN THIS SPA | ACE | |
| TLE ME REET ADDRESS Y-ST-ZIP | | | ITILE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| LE ME XEET ADORESS Y-ST-ZIP | | | MAME STREET ADDRESS | | | |
| I hereby cent indicated on of the corpor attachment v | ertify that the information supplied with this find this report or supplemental report is true a coration or the receiver or trustee empowers that an address, with all other like empowers that the supplemental background by the supplemental than the supplemental report is true as supplemental report is true as supplemental report in the supplemental report is true as supplemental report is supplemental report in the supplemental report is supplemental re | pered. Drew / Down | the exemption stated in Section y signature shall have the same as required by Chapter 607, FI | Florida Statutes; and that my name appe | certify that the information at I am an officer or director lears in Block 11 or on an Block 11 or on | |

863-687-4168/ Daysime Phone #

Hachmen



Kdward's Pipe and Tobacco Shop

2118 SOUTH FLORIDA AVE. LAKELAND, FLORIDA 33803 TELEPHONE (813) 687-4168

June 20, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Attention: Reinstatement Division

Dear Sirs:

During my telephone conversation of June 19, 2002 with your Department, I learned of the need to complete a Uniform Business Report. Please let this letter serve as an explanation of the situation that caused our failure to submit an annual report since 1989 for Drew-Pons, Inc. d/b/a Edward's Pipe and Tobacco.

I just learned of this problem yesterday after trying to obtain a renewed Sales Tax Certificate. I understand now the last address you have in your records is 4525 South Florida Avenue, Lakeland, FL. At that time the Corporation Vice President/Secretary Treasurer, my wife Eloise P. Drew was apparently completing these annual forms as she had done in the past. However, she also began showing signs of illness which I later learned was Alzheimer's. She stopped working at the business due to this illness and other complications when she became too confused and too ill to continue. We moved the business to 2118 South Florida Avenue, Lakeland, FL 33803 in April, 1989.

As she handled all the mail, paid all the bills and completed all tax forms etc. I was free to run the business. Being uninvolved with the paper work required to operate the business, I was unaware of this annual report. As she was the only one in the business that would have taken care of notifying you of a change of address and/or indicated to me that it needed to be done, I never knew to notify you of our change of address. We never received another form from your office. Since you had no new address and no further contact came from your office, I continued to run my business knowing nothing of this requirement. My wife passed away in November of 1999 never having told me of the need for an annual report.

Due to these circumstances I am asking you to consider waiving any penalties for the years the annual report was not filed as I need to have my corporation status reinstated as soon as possible. I am enclosing my check for \$1,872.50 as instructed by your office to cover annual fees for the years the report was missing. While you are considering waiving

Pride Is In Our Product

AHachMent # 432806

the penalties, I understand this newly completed form and this payment will update your records and reinstate my Corporation status. If you require anything further of me, please contact me immediately. My telephone area code is changed to (863) 687-4168 or Fax (863) 616-9944. Thank you for your understanding and assistance.

Sincerely,

Donald R. Drew

Would R Drew

Owner