

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 477165

1. Corporation Name
 DRUM REALTY, INC.

Principal Place of Business
 2157 MCGREGOR BLVD.
 FT. MYERS FL 33901
 US

Mailing Address
 3440 MARINATOWN LN NW
 STE 204 A
 N FT-MYERS FL-33901--
 US

FILED

99 AUG 25 PM 12: 27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



08/25/99 9000R 028 550.00
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1605879		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		8. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added To Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Zip		Zip		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
24		29		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Country		Country		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
25		30		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
33902		FL		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

DRUM, JAMES W
 3232 MCGREGOR BLVD.
 FT. MYERS FL 33901

81 Name	JAMES W. DRUM
82 Street Address (P.O. Box Number is Not Acceptable)	2157 MCGREGOR BLVD
83	
84 City	FT. MYERS
85 State	FL
86 Zip Code	33901

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: JAMES W. DRUM
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
 DATE: 8/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	DRUM, JAMES W	1.2 NAME	DRUM, JAMES W
STREET ADDRESS	3232 MCGREGOR BLVD.	1.3 STREET ADDRESS	2157 MCGREGOR BLVD
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	PO1	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	DRUM, SHIRLEY	2.2 NAME	DRUM SHIRLEY
STREET ADDRESS	3232 MCGREGOR BLVD.	2.3 STREET ADDRESS	2157 MCGREGOR BLVD
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FT. MYERS FL 33901
TITLE		3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	DRUM JAMES W
STREET ADDRESS		3.3 STREET ADDRESS	1461 CEDARHILL DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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: JAMES W. DRUM
 Signature, typed or printed name of signing officer or director
 Date: 8/1/99
 Daytime Phone #: 941-332-5133

CRZE034 (5/89)