2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # 477165 05-15-2001 90036 025 ***150.00 DRUM REALTY, INC. Principal Place of Business Mailing Address 2157 MCGREGOR BLVD. P.O. BOX 1260 FT. MYERS FL 33901 FT. MYERS FL 33902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1605879 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRUM, JAMES W Street Address (P.O. Box Number is Not Acceptable) 2157 MCGREGOR BLVD. FT. MYERS FL 33901 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible_ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME DRUM, JAMES W STREET ADDRESS STREET ADDRESS 2157 MCGREGOR BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33901 Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME DRUM, SHIRLEY STREET ADDRESS STREET ADDRESS 2157 MCGREGOR BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33901 ☐ Delete Change Addition IIILE TITLE .TS. NAME NAME DRUM, JAMES A STREET ADDRESS STREET ADDRESS 2157 MCGREGOR BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33901 Addition TITLE TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

FILED