FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:20

DOCUMENT # **515751** **(6)**

1. Corporation Name
THE DRAKE CORPORATION

Principal Place of Business	Mailing Address
4513 N FLORIDA AVE P.O. BOX 7727 TAMPA FL 33673	4513 N FLORIDA AVE P.O. BOX 7727 TAMPA FL 33673

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1976
3a. Date of Last Report: 06/29/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-1691261 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DRAKE, DAVID R
4513 N. FLORIDA AVENUE
TAMPA FL 33603

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	VP	☒ Change ☐ Addition
NAME	DRAKE, J. MICHAEL	12 NAME	Drake, J. Michael	
STREET ADDRESS	2302 MANHATTAN AVE S.	13 STREET ADDRESS	9339 Old Lakeland Hwy	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Dade City, Fl. 33525	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	DRAKE, KELLY D	22 NAME	Drake, Kelly D.	
STREET ADDRESS	3014 HARBORVIEW	23 STREET ADDRESS	4620 W. Sunset Blvd	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa, Fl. 33629	
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	DRAKE, DAVID R JR	32 NAME		
STREET ADDRESS	4601 BROWNING	33 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP		
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	DRAKE, VODA L	42 NAME	Drake, Voda L.	
STREET ADDRESS	4620 W SUNSET BLVD	43 STREET ADDRESS	9339 Old Lakeland Hwy	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	Dade City, Fl. 33525	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: _____ 1/10/95 813-236-5001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
David R. Drake, Jr.