

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

FILED
Jul 30 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 626982 (3)
1. Corporation Name
JIM DREHER, INC.

Principal Place of Business
1518 US HIGHWAY 19
SUITE C
HOLIDAY FL 34691
US

Mailing Address
1518 US HIGHWAY 19
SUITE C
HOLIDAY FL 34691
US

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1817 US Highway 19 | 26 1817 US Highway 19 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State Holiday, FL | 28 City & State Holiday, FL |
| 24 Zip 34691 | 29 Zip 34691 |
| 25 Country USA | 30 Country USA |

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 06/21/1979 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 4. FEI Number 59-2062390 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

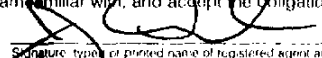
DREHER, JAMES
1518 US HIGHWAY 19
SUITE C
HOLIDAY FL 34691

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

 James Dreher

DATE 6/10/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|---------------------------------|
| TITLE | 5 | <input type="checkbox"/> DELETE |
| NAME | DREHER, MARY S | |
| STREET ADDRESS | 3119 BLUFF BLVD. | |
| CITY-ST-ZIP | HOLIDAY FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DREHER, JAMES | |
| STREET ADDRESS | 3119 BLUFF BLVD. | |
| CITY-ST-ZIP | HOLIDAY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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-07/31/98--01071--001
***150.00

14. 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 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 Dreher 6/10/98 813-938-6463

CR2E034 (10/97)

Pg 2

**JIM DREHER INC.
1817 U.S. HIGHWAY 19
HOLIDAY FL 34691**

July 23, 1998

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Re: Annual Reports Section
Ref. Number 626982

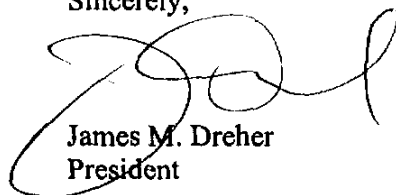
Dear Annual Reports Section:

I moved my office in October 1997 to a new location and submitted the required "forwarding" notice to the U. S. Post Office. Unfortunately, the Post Office did not forward the Annual Report until after June 1, 1998, and then we immediately forwarded the Annual Report and the \$150.00 fee to your office.

Therefore, I am respectfully asking for a waiver of the \$400.00 late fee.

Thank you for your consideration in this matter.

Sincerely,



James M. Dreher
President