

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 19 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 # F97000001028 (6)

1. Corporation Name

DRAKE MANAGEMENT SERVICES, INC.



Principal Place of Business

6263 N. SCOTTSDALE RD., SUITE 210
SCOTTSDALE AZ 85250

Mailing Address

6263 N. SCOTTSDALE RD., SUITE 210
SCOTTSDALE AZ 85250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

86-0497185

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1955 LAKE PARK DRIVE

26 1955 LAKE PARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 400

27 SUITE 400

City & State

City & State

23 SMYRNA GA.

28 SMYRNA GA

Zip

Zip

24 30080

29 30080

Country

25 USA

Country

30 USA.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 PD
NAME DRAKE, RICHARD L
STREET ADDRESS 6263 N. SCOTTSDALE RD., SUITE 210
CITY-ST-ZIP SCOTTSDALE AZ 85250
1955 LAKE PARK DR. SUITE 400 SMYRNA GA 30080

TITLE SDT
NAME DRAKE, DIANNE L
STREET ADDRESS 6263 N. SCOTTSDALE RD., SUITE 210
CITY-ST-ZIP SCOTTSDALE AZ 85250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT
1.2 NAME Philippe Michelin
1.3 STREET ADDRESS 1955 LAKE PARK DR.
1.4 CITY-ST-ZIP SMYRNA GA 30080

2.1 TITLE SECRETARY
2.2 NAME JOHN E. FOUNTAIN
2.3 STREET ADDRESS 1955 LAKE PARK DR.
2.4 CITY-ST-ZIP SMYRNA GA 30080

3.1 TITLE TREASURER
3.2 NAME K. WYATT ENGBALL
3.3 STREET ADDRESS 1955 LAKE PARK DR.
3.4 CITY-ST-ZIP SMYRNA GA 30080.

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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:

SIGNATURE REQUIRED

CR2E034 (5/98)