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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # H31812 (1)
1. Corporation Name
DRYMON, STUMBO MANAGEMENT, INC.



Principal Place of Business Mailing Address
% DONA F. DRYMON 447 N. LIME AVE. SARASOTA FL 34236-34257
% DONA F. DRYMON 447 N. LIME AVE. SARASOTA FL 34237-5124

3. Date Incorporated or Qualified 11/28/1984
3a. Date of Last Report 04/30/1996
4. FEI Number 59-2480479 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

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite, Apt. #, etc.
City & State 23 City & State
Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent
DRYMON, DONA F.
3117 47TH ST.
SARASOTA FL 34234

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 34234

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] DATE [Date]
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains entries for DONA F. DRYMON and JOE D. STUMBO.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Contains empty rows for additional officers/directors.

14. I do 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] DATE: 4-23-97 DAYTIME PHONE: 941-365-2565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)
PAID APR 24 1997