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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90101 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS



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



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % DONA F. DRYMON, 447 N. LIME AVE., SARASOTA FL 34237 US
Mailing Address: % DONA F. DRYMON, 447 N. LIME AVE., SARASOTA FL 34236

3. Date Incorporated or Qualified: 11/28/1984

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: 59-2480479
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

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 (81-85) fields for Name, Street Address, City, State (FL), and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 columns: 12. OFFICERS AND DIRECTORS (with DELETE checkbox) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include DONA F. DRYMON and JOE D. STUMBO.

Table with 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (with Change/Addition checkboxes) and 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 944-965-2565
Date Daytime Phone #

CR2E034 (1/1/98)