92910

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H31812

DRYMON, STUMBO MANAGEMENT, INC.

Principal Place	of Business	Mailing Address					
% DONA F. DRYMON . % DONA F. DRYMON							
447 N. LIME AVE. 447 N. LIME AVE. SARASOTA FI. 34237 SARASOTA FI. 34236					DO NOT WRITE IN THIS SPACE		
SARASOTA FL 34237 SARASOTA FL 34236					3. Date Incorporated or Qualifed		
03 .					11/28/1984		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26 26					59-2480479	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.		5. Certificate of Status Desired	** \$8.75 Additional		
27					J. Certificate of States Desired	Fee Required	
City & State	9	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		<u>.</u>	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	Intangible ☐ Yes ☐ No	
24	25]		30	···	Personal Property Tax.  10. Name and Address of New Register		
ļ	9. Name and Address of Curr	rent Registered Agent		81 Name	10. Name and Address of New Registers	su Agent	
DEVI	MON DONA E			OT Maine			
DRYMON, DONA F. 3117 47TH ST.				82 Street A	ddress (P.O. Box Number is Not Acceptable)		
1	ASOTA FL 34234			83			
	NOTATE OTES						
				84 City		Zip Code	
14.5	A. the delens of Costiana 607 (	ED2 and 607 1509 Florida Statut	oc the s	hove-named o	omoration submits this statement for the purpose	of changing its registered	
I office or a	edistered agent, or hoth, in the Sta	ite of Fiorida. Such change was a	utnorize	oy une corpor	ration's board of directors. I hereby accept the ap	pointment as registered	
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Flo	rida Stat	utes.	·		
SIGNATURE	Signature, typed or printed name of registered	ergent and title if applicable (NOTE	Registered	Agent signature reg	guired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1,1 TI	TLE		☐ Change ☐ Addition	
NAME	DRYMON, DONA F.		1.2 N	AME			
STREET ADDRESS	3117 47 ST		1.3 S	REET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 C	TY-ST-ZIP			
TITLE	DST	☐ DELETE	2,1 1	TLE		Change Addition	
NAME	STUMBO, JOE D.		2.2 N	AME	•		
STREET ADDRESS			2.3 \$	TREET ADDRESS	•		
CITY-ST-ZIP	SARASOTA FL		2.40	ITY-ST-ZIP	·		
TITLE	-	☐ DELETE	3.1 T	πE	•	☐ Change ☐ Addition	
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	TREET ADDRESS			
CITY-ST-ZIP			3.4. 0	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 T	πĒ		☐ Change ☐ Addition	
NAME		•	4.22	IAME		Í	
STREET ADDRESS	**		4.3 S	TREET ADDRESS			
CITY-ST-ZiP		· · · · · · · · · · · · · · · · · · ·	_	TY-ST-ZIP		DA DEEN	
TITLE	·	☐ DELETE	5.1 T			☐ Change ☐ Addition	
NAME '			5.2 N		-		
STREET ADDRESS			ı	TREET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP		Chara Chara	
TITLE		☐ DELETE	6.1 T			☐ Change ☐ Addition	
NAME			6.2 N				
	I		6.3 S	TREET ADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90101 003 \*\*\*150.00