

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M86969** (6)
1. Corporation Name
DRYMAN INC.



Principal Place of Business Mailing Address
% LEE DRYMAN, JR.
229 CARYL WAY
OLDSMAR FL 34677

3. Date Incorporated or Qualified **07/01/1988** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-2906332** 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 2a. Mailing Address
21 **38878 US 19 N.** 26 **38878 US 19 N.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Tarpon Springs, FL** 28 **Tarpon Springs, FL**
Zip Country Zip Country
24 **34689** 25 **34689** 29 **34689** 30

9. Name and Address of Current Registered Agent
DRYMAN, LEE, JR.
229 CARYL WAY
OLDSMAR FL 34677

10. Name and Address of New Registered Agent
81 Name **Francis J. Brett, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable) **2957 Glenpark Rd.**
83
84 City **Palm Harbor** 85 Zip Code **FL 34683**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0502, Florida Statutes.

SIGNATURE: *Francis J. Brett* **Francis J. Brett** DATE: *4/26/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYMAN, JEAN D.	1.2 NAME	Francis J. Brett, Jr.
STREET ADDRESS	229 CARYL WAY	1.3 STREET ADDRESS	2957 Glenpark Rd.
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	TVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYMAN, LEE, JR.	2.2 NAME	Dawn Brett
STREET ADDRESS	229 CARYL WAY	2.3 STREET ADDRESS	2957 Glenpark Rd.
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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 attached statement.

SIGNATURE: *Francis J. Brett Jr.* **Francis J. Brett Jr.** DATE: *4/26/96*

CR2E034 (12/95)