

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90001 026 ***150.00

0106957

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M86969

1. Corporation Name

DRYMAN INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

38878 US 19.N
 229 CARYL WAY
 TARPON SPRINGS FL 34689
 US

Mailing Address

38878 US 19. N
 229 CARYL WAY
 TARPON SPRINGS FL 34689
 US

3. Date Incorporated or Qualified

07/01/1988

2. Principal Place of Business

21

2a. Mailing Address

26 P.O. Box 431

4. FEI Number

59-2906332

Applied For

Not Applicable

Suite, Apt. #, etc.

--Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

27 City & State

Tarpon Springs Fl.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

29 Zip

Country

30 34688-0431 US

8. This corporation owes the current year Intangible Personal Property.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANCIS J. BRETT, JR.
 2957 GLENPARK RD
 PALM HARBOR FL 34683

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS DELETE
 NAME FRANCIS J. BRETT, JR.
 STREET ADDRESS 2957 GLENPARK RD
 CITY-ST-ZIP PALM HARBOR FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE TVP DELETE
 NAME DAWN BRETT
 STREET ADDRESS 2957 GLENPARK RD
 CITY-ST-ZIP PALM HARBOR FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-99 (727) 744-7710 Date Daytime Phone #

CR2E034 (5/99)

594420-90001-26
M726A10
7/15/55

To whom It May Concern:

I have called your office in regards of not receiving the first notice - the woman I spoke with said it was returned and to just send this one back with a check for \$150.00.

Thank you
Sincerely,
Dan M. Brett