

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000068750 (7)

1. Corporation Name

DRUMMONDS CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

215 PONCE DELEON AVE.
BROOKSVILLE FL 34601

215 PONCE DELEON AVE.
BROOKSVILLE FL 34601

2. Principal Place of Business

2a. Mailing Address

21 34449 WHISPERING OAKS BLVD

26 34449 WHISPERING OAKS BLVD

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 RIDGE MANOR, FL 33523

28 RIDGE MANOR, FL

Zip

Zip

Country

Country

24 33523

25 FLORIDA

29 33523

30 FLORIDA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0435921

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

10. Name and Address of New Registered Agent

SWARTZ, RONALD R
SIX TEN CENTER
610 W. WATERS AVE., SUITE J
TAMPA FL 33604

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 then, if applicable)

(NOTE: Registered Agent Signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	DRUMMONDS, THOMAS JR	
STREET ADDRESS	7388 KNOXVILLE DR.	
CITY-ST-ZIP	WEBSTER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	34449 WHISPERING OAKS BLVD.
14 CITY-ST-ZIP	RIDGE MANOR, FL 33523
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 receiver or trustee empowered to execute this report as required by Chapter 612, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas Drummonds Jr. THOMAS DRUMMONDS, JR. 7-10-96 (352) 583-3163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)