

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
Shedra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011298 (3)

1. Corporation Name

DRUMARK, INC.



Principal Place of Business

Mailing Address

2429 UNIVERSITY BLVD W
SUITE 1
JACKSONVILLE FL 32217

2429 UNIVERSITY BLVD W
SUITE 1
JACKSONVILLE FL 32217

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified
02/06/1995

3a. Date of Last Report
1st Report

4. FEI Number

59-3299485

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEARING, MARK
2429 UNIVERSITY BLVD W
SUITE 1
JACKSONVILLE FL 32217

81 Name

Same

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 607.1502, 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

N/A

12. OFFICERS AND DIRECTORS

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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	☐ Change ☐ Addition
2. NAME	Drew Edwards	
3. STREET ADDRESS	2429 Univ. Blvd W #1	Remains Same
4. CITY- ST- ZIP	Jax FL 32217	
5. TITLE	VP	☐ Change ☐ Addition
6. NAME	Mark Dearing Leow	
7. STREET ADDRESS	2429 Univ. Blvd W #1	Same
8. CITY- ST- ZIP	Jax, FL 32217	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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(2)(g), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Mark Dearing Leow - VP
Mark Dearing Leow - VP

(904) 733-0800

CR2E034 (3/96)