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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000054900 (2)

1. Corporation Name

DAMRON MANAGEMENT CORPORATION



Principal Place of Business

P.O. BOX 2349

HWY 486

CRYSTAL RIVER FL 32629-2349

34429

Mailing Address

P.O. BOX 2349

HWY 486

CRYSTAL RIVER FL 34423-2349

3. Date Incorporated or Qualified
07/17/1995

3a. Date of Last Report
05/29/1996

2. Principal Place of Business

21 4950 W Hwy 486

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3324850

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 34429

25

Country

29

30

Country

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

GASSMAN, ALAN S
1245 COURT ST
SUITE 102
CLEARWATER FL 34616

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

TITLE

D

NAME

DAMRON, LEONARD A III

STREET ADDRESS

P.O. BOX 2349

CITY- ST- ZIP

CRYSTAL RIVER FL 32629-2349

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

1.2 NAME

4950 W Hwy 486

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

34423-2349

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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 included 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

LEONARD A. DAMRON III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 (352) 746-3011

Date

Daytime Phone #

0439553

CR2E034 (9/96)