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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P960000 4266D

1. Corporation Name

DRUMMONDS & SON, INC.

Principal Place of Business

Mailing Address

7388 KNOXVILLE DR.
WEBSTER, FL. 33597

P.O. BOX 556
LACOOCHEE, FL.
33537

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
MAY 20, 1996

2. Principal Place of Business

2a. Mailing Address P.O. Box 556

21 7388 Knoxville Dr.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 Webster, Florida

28 Lacoochee, Fl.

Zip Country

Zip Country

24 33597

25 Hernando

29 33537

30 Pasco

4. FEI Number
59-3379641

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUE DRUMMONDS
7388 KNOXVILLE DRIVE
WEBSTER, FLORIDA 33597

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 President
NAME Thomas Drummonds Jr.
STREET ADDRESS 7388 Knoxville Dr.
CITY-ST-ZIP Webster, Fl. 33597

1.1 TITLE Vice President
1.2 NAME Thomas Eddie Drummonds
1.3 STREET ADDRESS 7388 Knoxville Dr.
1.4 CITY-ST-ZIP Webster, Fl. 33597

TITLE Secretary
NAME Edna Sue Drummonds
STREET ADDRESS 7388 Knoxville Dr.
CITY-ST-ZIP Webster, Fl. 33597

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Edna Sue Drummonds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 04, 1999 352-583-4395
Date Daytime Phone #

CR2E034 (11/98)