

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90011 049 ***150.00

07-20-1999 90005 033 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000012852 1. Corporation Name DRAKE HOLDINGS, INC.		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1997 4. FEI Number 59-3426445	
Principal Place of Business 916 N. MASSACHUSETTS AVE LAKELAND FL 33801 US		Mailing Address 916 N. MASSACHUSETTS AVE LAKELAND FL 33801 US PO BOX 90669 LAKELAND FL 33804-0669	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		25. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
9. Name and Address of Current Registered Agent ELSBERRY, MICHAEL ESO. 215 NORTH EOLA DRIVE ORLANDO FL 32801		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	
11. Pursuant to the provisions of Sections 607.0501 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 (type or printed name of registered agent and, if applicable, the individual applicable) (NOTE: Registered Agent signature required when resigning) DATE			
12. OFFICERS AND DIRECTORS ☐ DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition	

14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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; that I am the registered agent 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 I changed or am authorized to change with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-99 941-682-7443