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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

May 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000014652 (6) DOCUMENT # DRUMMOND ELECTRICAL, INC. Principal Place of Business Mailing Address 4535 KINGSVILLE DR. 4535 KINGSVILLE DR. **COCOA FL 32927 COCOA FL 32927** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3463898 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Country BREVARD 24 29 BREVARD 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent \*ERLENBACH, KURT JUDITA DOUMNON O Juaith 400 JULIA STREET 45<del>35 KINGS</del> VILLE **B**2 TITUSVILLE FL 32796 TOWN THE FIRE 83 City JOCOA 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. Thereby accept the appointment as registered agent. I am Expiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE **DRUMMOND, JUDITH K** NAME 1.2 NAME 4535 KINGSVILLE DR. STREET ADDRESS 1.3 STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 211IIIE NAME **Drummond, Alan W** 2.2 NAME 4535 KINGSVILLE DR. STREET ADDRESS 2.3 STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition 3.1 THLE TITLE DRUMMOND, DAVID 4535 KINGSVITE DA CUCOA, FI 32927 DRUMMOND, MICHAEL M NAME **3.2 NAME** 4535 KINGSVILLE DR. STREET ADDRESS 3.3 STREET ADDRESS COCÓA FL 32927 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition TITLE 4.1 TITLE DRUMMOND, MELISSA 4 2 NAME NAME 4535 KINGSVILLE DR. STREET ADDRESS 4.3 STREET ADDRESS COCOA FL 32927 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 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 it changed, or on an attachment with an address.