

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

FILED

**Jun 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100894 (9)
1. Corporation Name
DRAMMOND INDUSTRIES, INC.



Principal Place of Business: **3049 CLEVELAND AVENUE SUITE 250-H FORT MYERS FL 33901**

Mailing Address: **3049 CLEVELAND AVENUE SUITE 250-H FORT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1997

21	21a	22	22a	23	23a	24	24a	25	25a	26	26a	27	27a	28	28a	29	29a	30	30a				
	Principal Place of Business		Mailing Address		FEI Number		Applied For		Not Applied For		Certificate of Status Desired		\$8.75 Additional Fee Required		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		Yes		No
	5100 S. Cleveland Ave.		5100 S. Cleveland Ave.				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>
	Suite, Apt. #, etc. Suite 318-354		Suite, Apt. #, etc. Suite 318-354																				
	City & State Ft. Myers FL		City & State Ft. Myers FL																				
	Zip 33907		Zip 33907																				
	Country USA		Country USA																				

9. Name and Address of Current Registered Agent

**ST. JOHN, ALEXANDRA A
3049 CLEVELAND AVENUE
SUITE 250-H
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name: **Alexa St. John**

82 Street Address (P.O. Box Number is Not Acceptable): **9310 Sedgefield Rd.**

83

84 City: **Ft. Myers** FL 85 Zip Code: **33917**

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: *Alexa St. John* DATE: **4/28/98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD Gregor R. St. John
1.3 STREET ADDRESS	9313 Sedgefield Rd.
1.4 CITY-ST-ZIP	Ft. Myers, FL 33917
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	USTD Alexa St. John
2.3 STREET ADDRESS	9310 Sedgefield Rd.
2.4 CITY-ST-ZIP	Ft. Myers, FL 33917
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Franz J. St. John
3.3 STREET ADDRESS	9310 Sedgefield Rd.
3.4 CITY-ST-ZIP	Ft. Myers, FL 33917
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

Alexa St. John

CR2E034 (10/97)