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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000016034
 1. Corporation Name
DRUMMOND FINANCIAL SERVICES, INC.

Principal Place of Business: 1627 N YOUNG BLVD. CHIEFLND FL 32626
 Mailing Address: 1627 N YOUNG BLVD. CHIEFLND FL 32626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/18/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 P.O. Box 1969		59-3498602	
City & State		City & State		Applied For	
23		28 CHIEFLAND, FLA.		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29 32644-1969		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30 U.S.		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVENUE
 SUITE 3000
 MIAMI FL 33131

81 Name: *Wellie Cowart*
 82 Street Address (P.O. Box Number is Not Acceptable): *1627 N. YOUNG BLVD.*
 83
 84 City: *CHIEFLAND, FLA.* FL 85 Zip Code: *32626*

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: *Wellie Cowart* Wellie Cowart DATE: 1/5/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DRUMMOND, LUTHER	
STREET ADDRESS	1627 N YOUNG BLVD.	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAUSSEN, DAVID	
STREET ADDRESS	1627 N YOUNG BLVD.	
CITY-ST-ZIP	CHIEFLND FL 32626	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PRESIDENT MICHAEL E. MICHAELIS
3.3 STREET ADDRESS	1627 N. YOUNG BLVD.
3.4 CITY-ST-ZIP	CHIEFLAND, FLA. 32626
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, with all other like empowered.

SIGNATURE: *Michael E. Michaelis* DATE: 1/5/99 DAYTIME PHONE #: (352) 490-7800

CR2E034 (1/198)