

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **S83020** (5)
 1. Corporation Name
DRI/CON, INC.



Principal Place of Business Mailing Address
P O BOX 2614 **P O BOX 2614**
OCALA FL 34478 **OCALA FL 34478-2614**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1991	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3107134	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
TIPTON, JERRY WAYNE RT 4 BOX 3590 WILLISTON FL 32696				81	Name			Tipton, Jerry Wayne		
				82	Street Address (P.O. Box Number is Not Acceptable)			20651 NE HWY 27		
				83	City			Williston	FL	85 Zip Code 32696
				84	City			Williston	FL	85 Zip Code 32696

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPTON, JERRY WAYNE	1.2 NAME	
STREET ADDRESS	P.O. BOX 2614 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL 34478	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPTON, LISA LORENE	2.2 NAME	
STREET ADDRESS	4451 SE 145TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERFIELD FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILLOW, SHERRY TIPTON	3.2 NAME	Pillow, Sherri Tipton
STREET ADDRESS	7273 SE 120TH LN	3.3 STREET ADDRESS	P.O. Box 681 or 10160 SE 139th Pl.
CITY - ST - ZIP	BELLEVUE FL	3.4 CITY - ST - ZIP	Oklawaha FL Summerfield, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPTON, RENNA ANNE	4.2 NAME	
STREET ADDRESS	4449 SE 145TH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERFIELD FL	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPTON, ROGER	5.2 NAME	Tipton, Roger
STREET ADDRESS	11236 STONEY POINT LN W	5.3 STREET ADDRESS	8629 Phillips Hwy
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	Jacksonville FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Jerry W. Tipton* **JERRY W. TIPTON** 3-21-97 352-629-3300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)