CORPORATION ANNUAL REPORT 2001

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR 19 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V18299 (0)

DO NOT WRITE IN THIS SPACE

1. Corporation Name
FMM DRUM SERVICE, INC.

Mailing Address
9315 HAYDEN RD
JACKSONVILLE, FL 32226

Principal Place of Business
9315 HAYDEN RD
JACKSONVILLE, FL 32226

If above addresses are incorrect in any way, line through incorrect information and enter correct on below

3. Date Incorporated or Qualified: 03/03/1992
3a. Date of Last Report: 5/2000

2. Mailing Address
21
State, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
State, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3111875
Applied For
Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

MCCONNELL, MARY M.
9315 HAYDEN RD
JACKSONVILLE, FL 32226

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

1.1 TITLE: D
1.2 NAME: MCCONNELL, MARY M.
1.3 STREET ADDRESS: 9315 HAYDEN RD.
1.4 CITY-ST-ZIP: JACKSONVILLE, FL 32226

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

500004136325--5
-05/04/01--01051--026
****150.00 ****150.00

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

21.1 TITLE
21.2 NAME
21.3 STREET ADDRESS
21.4 CITY-ST-ZIP

31.1 TITLE
31.2 NAME
31.3 STREET ADDRESS
31.4 CITY-ST-ZIP

41.1 TITLE
41.2 NAME
41.3 STREET ADDRESS
41.4 CITY-ST-ZIP

51.1 TITLE
51.2 NAME
51.3 STREET ADDRESS
51.4 CITY-ST-ZIP

61.1 TITLE
61.2 NAME
61.3 STREET ADDRESS
61.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary McConnell 4/13/2001 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title