

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V69811

(0)

1. Corporation Name

DRUMMAC CONTRACTORS, INC.



Principal Place of Business

**1946 PARENTAL HOME ROAD
SUITE C
JACKSONVILLE FL 32216
US**

Mailing Address

**1946 PARENTAL HOME ROAD
SUITE C
JACKSONVILLE FL 32216
US**

3. Date Incorporated or Qualified
10/05/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3145710

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**

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. **4369 NW 60th St**

State, Apt. #, etc.

22. City & State

23. **Bell, Florida**

Zip

24. **32619**

Country

25. **Gilcrest**

2a. Mailing Address

26. **SAME**

State, Apt. #, etc.

27. City & State

28. **Bell, Florida**

Zip

29. **32619**

Country

30. **Gilcrest**

9. Name and Address of Current Registered Agent

**DRUMMOND, W. JOHN
1946 PARENTAL HOME ROAD
STE. C
JACKSONVILLE FL 32216**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
11125 Stowe Cottage Lane

83. City

Jacksonville

FL

85. Zip Code

32223

11. Pursuant to the provisions of Sections 607.01(2) and 607.1503, 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 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME	DRUMMOND, W. JOHN	☐ DELETE
2. STREET ADDRESS	11125 STOWE COTTAGE LN.	
3. CITY, STATE, ZIP	JACKSONVILLE FL	
4. NAME	DVS	☐ DELETE
5. STREET ADDRESS	46 PHILLIPS AVE.	
6. CITY, STATE, ZIP	PONTE VEDRACH. FL	
7. NAME	VPD	☐ DELETE
8. STREET ADDRESS	RT 2 BOX 2214 N/A	
9. CITY, STATE, ZIP	DELL FL	
10. NAME		☐ DELETE
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. NAME		☐ DELETE
14. STREET ADDRESS		
15. CITY, STATE, ZIP		
16. NAME		☐ DELETE
17. STREET ADDRESS		
18. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	☒ Change ☐ Addition
8. STREET ADDRESS	4369 NW 60th St
9. CITY, STATE, ZIP	Bell, Florida 32619
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	
18. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(g), 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 of this report or in a statement with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 2683288

CR2E034 (12/95)