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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)DRUMMAC CONTRACTORS, INC. Principal Place of Business Mailing Address 4369 NW 60TH ST 4369 NW 60TH ST BELL FL 32619 BELL FL 32619 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/05/1992</u> 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 59-3145710 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes □ No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RIORDAN, DENIS J 4369 NW 60TH ST Street Address (P.O. Box Number is Not Acceptable) STE. C **BELL FL 32619** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE MCCORMICK, JAMES D. NAME 1.2 NAME 46 PHILLIPS AVE. 1.3 STREET ADDRESS STREET ADDRESS PONTE VEDRABCH. FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE VPD DELETE 2.1 TITLE Change ☐ Addition RIORDAN, DENIS J. 2.2 NAME NAME 4369 NW 60TH ST STREET ADDRESS 2.3 STREET ADDRESS BELL FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C!TY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TOTLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME

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 13 if chapted, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

DELETE

Change

Addition