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FILED
Feb 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 268830
 1. Corporation Name
DRUM SERVICE CO. OF FLORIDA



Principal Place of Business 6191 JONES AVENUE. P.O. BOX 278 ZELLWOOD FL 32798	Mailing Address 6191 JONES AVENUE. P.O. BOX 278 ZELLWOOD FL 32798
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 04/10/1963	4. FEI Number 59-1008750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MURPHY, J M
6191 JONES AVENUE.
ZELLWOOD FL 32798

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURPHY, JM	
STREET ADDRESS	6191 JONES AVENUE.	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GIDDENS, GERALDINE	
STREET ADDRESS	6191 JONES AVENUE	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, H A	
STREET ADDRESS	6191 JONES AVE	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, GERALD P JR	
STREET ADDRESS	6191 JONES AVE	
CITY-ST-ZIP	ZELLWOOD FL 32798	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J. M. Murphy	
1.3 STREET ADDRESS	6191 Jones Avenue	
1.4 CITY-ST-ZIP	Zellwood, FL 32798	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gayle Hansen-Dalicandro	
2.3 STREET ADDRESS	2300 West 13th Street	
2.4 CITY-ST-ZIP	Chicago, IL 60608	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tony Serge	
3.3 STREET ADDRESS	1540 S. Greenwood Avenue	
3.4 CITY-ST-ZIP	Montebello, CA 90640	
4.1 TITLE	Director & Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Elliot Pearlman	
4.3 STREET ADDRESS	2300 West 13th Street	
4.4 CITY-ST-ZIP	Chicago, IL 60608	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Calvin Lee	
5.3 STREET ADDRESS	1540 S. Greenwood Avenue	
5.4 CITY-ST-ZIP	Montebello, CA 90640	
6.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Barry Slavin	
6.3 STREET ADDRESS	2300 West 13th Street	
6.4 CITY-ST-ZIP	Chicago, IL 60608	

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: *J. M. Murphy Pres.* 2/4/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)