

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000059105 (4)

1. Corporation Name
DOUGLAS INSTALLATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:26

Principal Place of Business
**5000 BEACH BLVD.
SUITE 203-330
JACKSONVILLE FL 32206**

Mailing Address
**5000 BEACH BLVD.
SUITE 203-330
JACKSONVILLE FL 32206**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 4480 WHISPERING INLET DR		21 4480 WHISPERING INLET DR		59-3286652		Not Applicable	
22 JACKSONVILLE, FL		27 -		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 JACKSONVILLE, FL		28 JACKSONVILLE, FLORIDA		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32277		25		29 32277		30	
24 32277		25		29 32277		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHANNON, DOUGLAS 5000 BEACH BLVD. SUITE 203-330 JACKSONVILLE FL 32205				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3	4480 WHISPERING INLET DRIVE		
				B4	City	JACKSONVILLE	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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, DOUGLAS	1.2 NAME	
STREET ADDRESS	5000 BEACH BLVD., #203-330	1.3 STREET ADDRESS	4480 WHISPERING INLET DR.
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, BETTY J	2.2 NAME	
STREET ADDRESS	5000 BEACH BLVD., #203-330	2.3 STREET ADDRESS	4480 WHISPERING INLET DR.
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Betty J. Shannon (BETTY J. SHANNON) 1/25/95 904-744-7324
SIGNATURE TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR