

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 16 PM 2:56

DOCUMENT # **455158** (6)

1. Corporation Name  
**DOUGLAS CAPITAL MANAGEMENT, INC.**

Principal Place of Business  
**10033 SAWGRASS DRIVE WEST  
P O BOX 658 (ZIP 32004)  
PONTE VEDRA BEACH FL 32082**

Mailing Address  
**10033 SAWGRASS DRIVE WEST  
P O BOX 658 (ZIP 32004)  
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/21/1974	01/21/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1559296	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under §. 189.032, Florida Statutes	
DOUGLAS, G. BRUCE 10033 SAWGRASS DR. W. PONTE VEDRA BEACH 32082				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOUGLAS, G. BRUCE 10033 SAWGRASS DR. W. PONTE VEDRA BEACH 32082				81. Name	BRUCE DOUGLAS		
				82. Street Address (P.O. Box Number is Not Acceptable)	10033 SAWGRASS DR. W.		
				83.			
				84. City	PONTE VEDRA BEACH FL	85. Zip Code	32082

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: Bruce Douglas **BRUCE DOUGLAS V.P.** DATE: **2-13-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, BRUCE G.	1.2 NAME	
STREET ADDRESS	10033 SAWGRASS DR. WEST	1.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	1.4 CITY- ST- ZIP	32082
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, BRUCE (NMI)	2.2 NAME	
STREET ADDRESS	10033 SAWGRASS DR. WEST	2.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	2.4 CITY- ST- ZIP	32082
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLEY, SAMUEL J., JR.	3.2 NAME	
STREET ADDRESS	10033 SAWGRASS DR. WEST	3.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	3.4 CITY- ST- ZIP	32082
TITLE	VPD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, CHRISTOPHER	4.2 NAME	VD
STREET ADDRESS	10033 SAWGRASS DR. WEST	4.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	4.4 CITY- ST- ZIP	32082
TITLE	VP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOBES, ANNE, L	5.2 NAME	
STREET ADDRESS	10033 SAWGRASS DR. WEST	5.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	5.4 CITY- ST- ZIP	32082
TITLE	VP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, JAMES A.	6.2 NAME	
STREET ADDRESS	10033 SAWGRASS DRIVE WEST	6.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	6.4 CITY- ST- ZIP	32082

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 110.07(3)(b), 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, 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, unchanged, or on an addition with an address.

SIGNATURE: Bruce Douglas **BRUCE DOUGLAS** DATE: **2-13-95** TELEPHONE: **904-285-7844**