

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **455158 (6)**

1. Corporation Name

DOUGLAS CAPITAL MANAGMENT, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified 06/21/1974	3a. Date of Last Report 02/16/1995
4. FEI Number 59-1559296	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 10033 SAWGRASS DRIVE WEST	26 10033 SAWGRASS DRIVE WEST
State, Apt. #, etc. 22 S-1014102	State, Apt. #, etc. 27 S-1014102
City & State 23 PONTE VEDRA BEACH	City & State 28 PONTE VEDRA BEACH
Zip 24 32082	Country 25 ST. JOHNS
Zip 29 32082	Country 30 ST. JOHNS

9. Name and Address of Current Registered Agent

DOUGLAS, G. BRUCE
10033 SAWGRASS DR. W.
PONTE VEDRA BEACH 32082

10. Name and Address of New Registered Agent

81 Name BRUCE DOUGLAS
82 Street Address (P.O. Box Number is Not Acceptable) 10033 SAWGRASS DRIVE WEST
83 S-1014102
84 City PONTE VEDRA BEACH FL
85 Zip Code 32082

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE: *Bruce Douglas* DATE: **2-15-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input 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 <input type="checkbox"/> DELETE	2.1 TITLE	PDT S <input checked="" type="checkbox"/> Change <input 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input 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	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, CHRISTOPHER	4.2 NAME	
STREET ADDRESS	10033 SAWGRASS DR. WEST	4.3 STREET ADDRESS	
CITY- ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY- ST-ZIP	32082
TITLE	V <input type="checkbox"/> DELETE	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	V <input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(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, unchanged, or on an attachment with an address.

SIGNATURE: *Bruce Douglas* **BRUCE DOUGLAS** DATE: **2-15-96** **904-285-7866**

CR2E034 (12/95)