

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90027 031 \*\*\*550.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 455158** ✓  
 1. Corporation Name

**DOUGLAS CAPITAL MANAGMENT, INC.**



Principal Place of Business  
**814 HWY A1A NORTH  
 SUITE 201  
 JACKSONVILLE FL 32082  
 US**

Mailing Address  
**814 HWY A1A NORTH  
 SUITE 201  
 JACKSONVILLE FL 32082  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/21/1974**

4. FEI Number  
**59-1559296**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGLAS, G. BRUCE  
 814 HWY A1A NORTH  
 SUITE 201  
 JACKSONVILLE FL 32082**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DOUGLAS, G BRUCE	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	PDTS	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, BRUCE (NMI)	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOUGLAS, CHRISTOPHER	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHOBES, ANNE, L	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOUGLAS, JAMES A.	
STREET ADDRESS	10033 SAWGRASS DRIVE WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VDTS
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

**SIGNATURE REQUIRED**

7/15/99

904-285-7866

CR2E034 (5/99)