

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 617231

1. Corporation Name

DOUGLAS MACHINES CORP.

Principal Place of Business

2101 CALUMET STREET
CLEARWATER FL 33765
US

Mailing Address

2101 CALUMET STREET
CLEARWATER FL 33765
US

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90045 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1979

4. FEI Number

59-1906520

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 Tax. ☒ 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 Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

DAVID A. WARD
2989 KENILWICK DRIVE
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

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

450 MANISHA PLACE

83

84 City

TARPON SPRINGS

FL

85 Zip Code

34689

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

TITLE PD ☐ DELETE

NAME WARD, DAVID A.
STREET ADDRESS 2989 KENILWICK DRIVE
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME CRADDOCK, MARTIN
STREET ADDRESS 1 STATION RD, N. HYKEHAM
CITY-ST-ZIP LINCOLN, ENGLAND

TITLE VST ☐ DELETE

NAME MADER, SUSAN L.
STREET ADDRESS 549 WALDEN CT.
CITY-ST-ZIP DUNEDIN FL

TITLE V ☐ DELETE

NAME LEMEN, KEVIN
STREET ADDRESS 6305 NEWTOWN CIR.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

450 MANISHA PLACE
TARPON SPRINGS, FL 34689

☒ Change ☐ Addition

WHISBY ROAD
LINCOLN, ENGLAND

☐ Change ☐ Addition

☒ Change ☐ Addition

11737 DARBYSHIRE DRIVE
TAMPA, FL 33626

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SUSAN L. MADER V.P. 3-24-99 727-461-3477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN34 (11/98)