

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:43

DOCUMENT # 804012 (3)
1. Corporation Name
DOUGLAS-GUARDIAN SERVICES CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**120 MONTGOMERY STR. STE 777
SAN FRANCISCO CA 94120-94104** **P.O. BOX 7845
SAN FRANCISCO CA 94120**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/13/1932** 3a. Date of Last Report **05/01/1994**
4. FEI Number **72-0172580** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes 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 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 12b if applicable) DATE

12. OFFICERS AND DIRECTORS	
TITLE	CEO
NAME	LEONARD, MARGOT D
STREET ADDRESS	1155 DAIRY ASHFORD #201
CITY - ST - ZIP	HOUSTON TX
TITLE	PTD
NAME	JENNINGS, JAMES L.
STREET ADDRESS	120 MONTGOMERY ST #777
CITY - ST - ZIP	SAN FRANCISCO CA
TITLE	VS
NAME	HAINES, CHESTER W JR
STREET ADDRESS	120 MONTGOMERY ST #777
CITY - ST - ZIP	SAN FRANCISCO CA
TITLE	AT
NAME	BLOAT, VIRGINIA J
STREET ADDRESS	120 MONTGOMERY ST #777
CITY - ST - ZIP	SAN FRANCISCO CA
TITLE	D
NAME	LEONARD, MARGOT
STREET ADDRESS	120 MONTGOMERY ST #777
CITY - ST - ZIP	SAN FRANCISCO CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Please delete.
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 do 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)(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 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: Virginia J. Bloat Virginia J. Bloat, Asst. Treas. 4/30/95 (415) 9868092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR