

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 23 AM 8:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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

Principal Place of Business: 1155 DAIRY ASHFORD., #201 HOUSTON TX 77079 US  
 Mailing Address: 1155 DAIRY ASHFORD., #201 HOUSTON TX 77079 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (26)  
 2a. Mailing Address (28) Suite, Apt. #, etc. (27) City & State (29) Zip (30) Country (32)

3. Date Incorporated or Qualified: 05/13/1992  
 3a. Date of Last Report: 10/07/1996  
 4. FEI Number: 72-0172580  
 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 or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

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): 800002253018--4  
 83 -07/30/97--01100--012  
 84 City: \*\*\*\*165.00 \*\*\*\*165.00 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<del>CEO</del>	<input type="checkbox"/> DELETE
NAME	LEONARD, MARGOT D	
STREET ADDRESS	1155 DAIRY ASHFORD #201	
CITY-ST-ZIP	HOUSTON TX	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LURIE, BRUCE E	
STREET ADDRESS	1155 DAIRY ASHFORD., #201	
CITY-ST-ZIP	HOUSTON TX	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	POPE, RONNIE L	
STREET ADDRESS	1155 DAIRY ASHFORD., #201	
CITY-ST-ZIP	HOUSTON TX	
TITLE	ATAS	<input checked="" type="checkbox"/> DELETE
NAME	SCHMALZ, TY L	
STREET ADDRESS	1155 DAIRY ASHFORD., #201	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President, Director	<input checked="" 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	ATAS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Reeves, Debra F	
4.3 STREET ADDRESS	1155 Dairy Ashford, #201	
4.4 CITY-ST-ZIP	Houston TX 77079	
5.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ryan, John F	
5.3 STREET ADDRESS	1155 Dairy Ashford, #201	
5.4 CITY-ST-ZIP	Houston TX 77079	
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 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: *Debra F. Reeves* 7/17/97 281-531-0510

CR2E034 (4/97)

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**DOUGLAS-GUARDIAN SERVICES CORPORATION**

1155 DAIRY ASHFORD, SUITE 201, HOUSTON, TX 77078

TELEPHONE (281) 531-0500 • FAX (281) 531-1777

July 18, 1997

Annual Reports Filings  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

**Subject FEI Number 72-0172580**

I am the new controller for Douglas-Guardian Services Corporation located in Houston, TX. Received in my mail yesterday was the Florida State Profit Corporation Annual Report for 1997.

Our office has no record of receiving an earlier application from your office. With a change in personnel this year, we were not aware ahead of time which states renew this year (some states have filings that cover multiple years) and, therefore, did not contact your office on lack of notice.

We at Douglas-Guardian make every effort to meet obligations set before us. I am responding to this matter as soon as it came to my attention. In my telephone call with your office this morning, it was suggested that I send this letter of explanation together with a check for \$165.00 (Annual Report and Supplemental Corporate fee) and request a waiver of penalty fees.

Our request for waiver of the \$385.00 penalty fee is hereby respectfully submitted.

Sincerely,

A handwritten signature in cursive script that reads "Debra F. Reeves".

Debra F. Reeves,  
Controller