

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90255 029 \*\*\*150.00

DOCUMENT # F42088

1. Corporation Name  
DOUG SHOWER & ASSOCIATES, INC.



Principal Place of Business  
911 GREENTREE DRIVE  
P.O. BOX 116  
WINTER PARK FL 32790

Mailing Address  
911 GREENTREE DRIVE  
P.O. BOX 116  
WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/26/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2132139	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		30	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
26		31		8. This corporation owes the current year Intangible	
27		32		Personal Property Tax.	
28		33		9. Yes 10. No	

9. Name and Address of Current Registered Agent

SHOWER, DOUGLAS  
911 GREENTREE DR  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable) 1007 GREENTREE DR  
83  
84 City SAME FL 85 Zip Code SAME

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	DP	1.1 TITLE	SAME
NAME	SHOWER, DOUGLAS	1.2 NAME	SAME
STREET ADDRESS	911 GREENTREE DRIVE	1.3 STREET ADDRESS	1007 GREENTREE DR
CITY-ST-ZIP	WINTER PARK, FL 00000	1.4 CITY-ST-ZIP	32789
TITLE	D	2.1 TITLE	SAME
NAME	SHOWER, ELAINE E	2.2 NAME	SAME
STREET ADDRESS	911 GREENTREE DRIVE	2.3 STREET ADDRESS	1007 GREENTREE DR
CITY-ST-ZIP	WINTER PARK, FL 00000	2.4 CITY-ST-ZIP	32789
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED DOUGLAS Shower 4/17/99 407/628-7447

0081692

CR2E034 (11/98)