

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

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 14 PM 3:20

DOCUMENT # F93000001287 (2)

1. Corporation Name

DOUGLAS JAMES SECURITIES, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2502 ROCKY POINT DRIVE, SUITE 170
TAMPA FL 33607**

Mailing Address

**2502 ROCKY POINT DRIVE, SUITE 170
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/05/1993

3a. Date of Last Report

04/20/1994

4. FEI Number

51-0337660

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 1234 Washington Avenue

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Miami, Florida

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 P.O. Box 22864

Suite, Apt. #, etc.

27

City & State

28 Tampa, Florida

Zip

29 33622-2864

Country

30 USA

9. Name and Address of Current Registered Agent

**BERKMAN, BRENT D
17573 FAIRMEADOW DR.
TAMPA FL 33647**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
PDS
NAME
JAMES, CRAID D
STREET ADDRESS
174 SOUTH COLLIER BLVD.
CITY - ST - ZIP
MARCO ISLAND FL 33937

TITLE
D
NAME
JAMES, PATRICIA D
STREET ADDRESS
174 SOUTH COLLIER BLVD.
CITY - ST - ZIP
MARCO ISLAND FL 33937

TITLE
CD
NAME
JAMES, CLARENCE L JR
STREET ADDRESS
444 N. CAPITOL STREET, SUITE 711
CITY - ST - ZIP
WASHINGTON DC 20038

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.07(3)(k), 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: *Brent D. Berkman* Brent D. Berkman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95

Date

(813) 287-0800

Telephone Number