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FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F93000001844 (0)

1. Corporation Name
DOUGLAS AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
412 EXECUTIVE TOWER DR STE 205 KNOXVILLE TN 37923 US	P O BOX 31769 KNOXVILLE TN 37930-1769 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 04/14/1993
3a. Date of Last Report: 04/29/1996
4. FEI Number: 62-1530690 ☐ 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

9. Name and Address of Current Registered Agent

WILSON, JERRE
654 HOWARD AVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: JACK LOVELY
82 Street Address (P.O. Box Number is Not Acceptable): 654 HOWARD AVENUE
83
84 City: LAKELAND **FL** 85 Zip Code: 33801

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	DCP	☒ DELETE	11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	HORNE, DOUGLAS A		12 NAME	ROBERT S TALBOTT	
STREET ADDRESS	412 EXECUTIVE TOWN DR, STE 205		13 STREET ADDRESS	412 EXEUTIVE TOWER DRIVE #205	
CITY-ST-ZIP	FARRAGUT TN		14 CITY-ST-ZIP	KNOXVILLE, TN 37923	
TITLE	DS	☒ DELETE	21 TITLE	EXECUTIVE VICE PRESIDENT	☐ Change ☒ Addition
NAME	TALBOTT, ROBERT S.		22 NAME	RICHARD C PRESLEY	
STREET ADDRESS	412 EXECUTIVE TOWER DR, STE 205		23 STREET ADDRESS	412 EXECUTIVE TOWER DRIVE #205	
CITY-ST-ZIP	KNOXVILLE TN		24 CITY-ST-ZIP	KNOXVILLE, TN 37923	
TITLE	VP	☒ DELETE	31 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	PRESLEY, RICHARD C		32 NAME	CHERI L CROCKETT	
STREET ADDRESS	412 EXECUTIVE TOWER DR, STE 205		33 STREET ADDRESS	412 EXECUTIVE TOWER DRIVE #205	
CITY-ST-ZIP	KNOXVILLE TN		34 CITY-ST-ZIP	KNOXVILLE, TN 37923	
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HORNE, BRENDA P		42 NAME		
STREET ADDRESS	412 EXECUTIVE TOWER DR, SE 205		43 STREET ADDRESS		
CITY-ST-ZIP	KNOVVILLE FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 4-22-97 423-531-6212