

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G63854** (5)

1. Corporation Name

**DOUGLAS FARMS CORP.**



Principal Place of Business

Mailing Address

~~PHILLIPS, PHILIP B.~~  
~~3728 PHILLIPS HWY #39~~  
~~JACKSONVILLE FL 32207~~

~~PHILLIPS, PHILIP B.~~  
~~3728 PHILLIPS HWY #39~~  
~~JACKSONVILLE FL 32207~~

2. Principal Place of Business

2a. Mailing Address

21 First Mid. Illinois Bank &

26 Same as 2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Trust, Attn: Mark C. Cox

27 City & State

City & State 1515 Charleston Ave.

23 Matteson, IL

28 City & State

Zip 61938

Country USA

Zip

Country

24 61938

25 USA

29

30

3. Date Incorporated or Qualified

10/04/1983

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2344665

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, PHILIP B.  
3728 PHILLIPS HWY #39  
JACKSONVILLE FL 32207

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 607.1506, 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 date of appointment.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DONNERSMARCK, W.H.  
STREET ADDRESS BEETHOVENSTRASSE 11  
CITY-ST-ZIP ZURICH, SWITZERLAND

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME STAUDER, DR. CLAUS  
STREET ADDRESS STAUDERSTRASSE 88  
CITY-ST-ZIP WEST GERMANY

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME PHILLIPS JR, PHILIP B  
STREET ADDRESS 3728 PHILLIPS HWY #39  
CITY-ST-ZIP JACKSONVILLE, FL 00000

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME RICKS, ALEX J  
STREET ADDRESS 1680 PRUDENTIAL DR. #203  
CITY-ST-ZIP JACKSONVILLE, FL 00000

4.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

*Alex J. Ricks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (904) 359-0221  
Date Daytime Phone #

CR2E034 (12/95)