

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K34471** (8)

1. Corporation Name

**ALBRITTON-DOUYARD, INC.**



Principal Place of Business

Mailing Address

C/O SALLY H. FOOTE, ESO.  
1150 CLEVELAND STREET, #301  
CLEARWATER FL 34615-4861  
US

C/O SALLY H. FOOTE, ESO.  
1150 CLEVELAND STREET, SUITE 301  
CLEARWATER FL 34615-4861  
US

3. Date Incorporated or Qualified

**09/28/1988**

3a. Date of Last Report

**01/26/1995**

4. FEI Number

**59-2816778**

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOOTE, SALLY H.  
1150 CLEVELAND STREET  
SUITE 301  
CLEARWATER FL 34615**

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

**SALLY H. FOOTE**

(If 11. Registered Agent signature required when reinstating)

**January 16, 1996**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME **D**  
**ALBRITTON, MERLENE H.**  
STREET ADDRESS **1332 WOODCREST AVE**  
CITY-ST-ZIP **CLEARWATER FL**

2. TITLE ☐ DELETE

NAME **D**  
**DOUYARD, GERALDINE H.**  
STREET ADDRESS **2221 COURTS DR N 1755 Emerald Dr**  
CITY-ST-ZIP **CLEARWATER FL**

3. TITLE ☐ DELETE

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1. 1. TITLE

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-ST-ZIP

5. 5. TITLE

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY-ST-ZIP

9. 9. TITLE

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY-ST-ZIP

13. 13. TITLE

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY-ST-ZIP

17. 17. TITLE

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY-ST-ZIP

21. 21. TITLE

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. CITY-ST-ZIP

25. 25. TITLE

26. 26. NAME

27. 27. STREET ADDRESS

28. 28. CITY-ST-ZIP

29. 29. TITLE

30. 30. NAME

31. 31. STREET ADDRESS

32. 32. CITY-ST-ZIP

33. 33. TITLE

34. 34. NAME

35. 35. STREET ADDRESS

36. 36. CITY-ST-ZIP

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SIGNATURE:

**Merlene H. Albritton, President**

**1/19/96 (813) 584-2173**

Date Daytime Phone #

CR2E034 (12/95)