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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034307

1. Corporation Name DOUGLAS ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business 86 NORTH 5TH ST. LAKE CITY FL 32055 US

Mailing Address P O BOX 2648 LAKE CITY FL 32056 US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country

26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

DOUGLAS, H M RT 18 BOX 599 LAKE CITY FL 32025

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City

600002814676-3 -03/23/93--0101--014 ***150.00 FL ***150.00

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. The filer hereby accepts 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 state of appointment

(NOTE: Registered Agent's signature is required for all applications.)

DATE

12. OFFICERS AND DIRECTORS

Table with 5 rows for officers/directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Douglas, H. Marshall and Douglas, Diana S.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table for additions/changes to officers and directors. Columns: 11 TITLE, 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.

Handwritten signature in a circle

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Handwritten Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)