

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

0020086

**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.  
2  
LAKE CITY FL 32055  
US

Mailing Address

P O BOX 2648  
LAKE CITY FL 32056  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1993

4. FEI Number

59-3124832

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 owes the current year Intangible  
Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of New Registered Agent

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

TITLE [ ] DELETE

NAME **DOUGLAS, H. MARSHALL**

STREET ADDRESS **RT 18 BOX 599**

CITY-ST-ZIP **LAKE CITY FL**

TITLE [ ] DELETE

NAME **DOUGLAS, DIANA S**

STREET ADDRESS **RT 18 BOX 599**

CITY-ST-ZIP **LAKE CITY FL**

TITLE [ ] DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

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 [ ] Change [ ] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE [ ] Change [ ] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:**

*Diana S. Douglas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)