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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000048694 (2)

1. Corporation Name

M & D DOUGLAS INTERNATIONAL, INC.



Principal Place of Business

1257 E. BAY AVE  
LAKE CITY FL 32055  
US

Mailing Address

P.O. BOX 2648  
LAKE CITY FL 32056

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGLAS, H. MARSHALL  
RT. 18 BOX 599  
LAKE CITY FL 32025

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

(NOTE: Registered Agent's signature required when reinstating)

Dr. E

12. OFFICERS AND DIRECTORS

12.1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

13.

13.1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7.1

TITLE

NAME

STREET ADDRESS

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:

*H. Marshall Taff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Date

(904) 752-6244

Daytime Phone #

CR2E034 (12/95)