

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90038 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000049323

1. Corporation Name  
**DOUGLIN MANAGEMENT CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2850 COUNTS LANE  
 TITUSVILLE FL 32796**

Mailing Address  
**202 PLUMOSA ROAD  
 DEBARY FL 32713**

3. Date Incorporated or Qualified  
**07/08/1993**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

4. FEI Number  
**59-3192181**

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

9. Name and Address of Current Registered Agent  
**ADE, ELEANOR B  
 202 PLUMOSA ROAD  
 DEBARY FL 32713**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHALETT CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>505 DELTONA BLVD #104</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDA STAMPEL</b>	2.2 NAME	
STREET ADDRESS	<b>12738 S GROSHONG ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOLALLA OR 97038</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RON ADE</b>	3.2 NAME	
STREET ADDRESS	<b>8511 SERENATA DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITTIER CA 90603</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADE, ELEANOR B</b>	4.2 NAME	
STREET ADDRESS	<b>202 PLUMOSA RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMPTON, MARCIE S</b>	5.2 NAME	
STREET ADDRESS	<b>2355 SOUTH RIDGEWOOD AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>S. DAYTONA FL 32119</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(i), 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: **CHARLES SHALETT**  
 SECRETARY  
 1/29/98 (407) 574-6600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)