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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000010797 (6)

1. Corporation Name

DOUGLASS REAL ESTATE CONNECTION, INC.

Principal Place of Business

33 N GARDEN AVE  
SUITE 190  
CLWTR FL 34615  
US

Mailing Address

33 N. GARDEN AVE  
SUITE 190  
CLWTR FL 34615-6800  
US

2. Principal Place of Business

21 801 WEST BAY DR.

Suite, Apt. #, etc.

22 # 438

City & State

23 LARGO, FL.

Zip

24 33770

Country

25 USA

2a. Mailing Address

26 801 WEST BAY DR.

Suite, Apt. #, etc.

27 # 438

City & State

28 LARGO, FL.

Zip

29 33770

Country

30 USA

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3225973

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

9. Name and Address of Current Registered Agent

DOUGLASS, PAUL  
33 N GARDEN AVE  
SUITE 190  
CLWTR FL 34615

10. Name and Address of New Registered Agent

81 Name

DOUGLASS, PAUL

82 Street Address (P.O. Box Number is Not Acceptable)

801 WEST BAY DR.

83

SUITE 438

84 City

LARGO

FL

85 Zip Code

33770

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 type: ☐ or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME DOUGLASS, PAUL  
STREET ADDRESS 33 N. GARDEN AVE., SUITE 950  
CITY-ST-ZIP CLEARWATER FL 34615

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

D  
NAME DOUGLASS, PAUL  
1.2 NAME  
1.3 STREET ADDRESS 801 WEST BAY DR., SUITE 438  
1.4 CITY-ST-ZIP LARGO, FL. 33770

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Paul N. Douglas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 8:3586-0808

Date

Daytime Phone #

0443817

CR2E034 (9/96)