FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400059105 (4)

DOUGLAS INSTALLATION, INC.

Principal Place of Business Mailing Address

4480 WHISPERING INLET DR.

JACKSONVILLE FL 32277 JACKSONVILLE FL 32217

IIS



Sulle, Apt. f. etc.	4480 WHISPERING INLET DR. JACKSONVILLE FL 32277 US			4480 WHISPERING INLET DR. JACKSONVILLE FL 32217 US								
2. Malling Address 2a. Malling Address 2b. Malling Address 59-3286652 Not Applicable or Suite, Apt. 4. etc. Suite, Apt. 4.				••				·				
Sulle, Apt. 4, etc. Sulle, Apt. 4, etc.	2. Principa! Place of Business			2a. Mailing Address								
City & State Ci	21			·· -				59-3286652		[Not Applicable	
City & State City & State City & State City & State City & State Country Zip Zip Country Zip Zip Country Zip Zi	Suite, Apt. #. etc.			—				5. Certificate of Status Desired		\$8.75	Additional	
Zp	City & State			· · · · · · · · · · · · · · · · · · ·					Election Campaign Financing \$5.00 May Be			
SHANNON, DOUGLAS 4480 WHISPERING INLET DRIVE 34 City Shark Number is Not Acceptable; Street Address of Review and Provided Statutes Street Address of New Registered Agent Street Address o		Country		· •				7,000 to 7,000				
9. Name and Address of Current Registered Agent SHANNON, DOUGLAS 4480 WHISPERING INLET DRIVE JACKSONVILLE FL 32277 83 62 Street Address IP.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607,0502 and 607,1509. Florids Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the approximent as registered opent. Farm SIGNATURE Supplied by Personance of registerations of United Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 1.1 THE 1.2 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 2.1 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 3.1 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 3.1 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 3.1 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 3.1 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 3.1 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 3.1 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 3.1 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 3.1 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 4.2 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 4.2 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 4.2 THE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 4.2 THE 4.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 4.2 THE 4.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IDLE D DELETE 4.2 THE 4.2 ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANG	24	— ´	29	* 11/	—¬ ′							
SHANNON, DOUGLAS 4480 WHISPERING INLET DRIVE JACKSONVILLE FL 32277 84 Cay FL 85 Zop Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Floridal Statutes, the above named corporation submits the statement for the purpose of changing at single-street agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. Thereby accept the approximent as registered office familiar with, and accept the obligations of, Section 607,0509. Floridal Statutes. SIGNATURE OFFICE RS AND DIRECTORS 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITHE D D DELETE 11. THE D Change Addition Addition SHANNON, DOUGLAS 4480 WHISPERING INLET DR. 22 NAME SHERT ADDRESS JACKSONVILLE FL D DELETE 14. CITY-ST-7P JACKSONVILLE FL D DELETE 3 THILE D Change Addition Addition Addition SHANNON, BETTY J 4480 WHISPERING INLET DR. 23 SIRET ADDRESS JACKSONVILLE FL D DELETE 3 THILE D Change Addition Addition Addition SHANNON, BETTY J 4480 WHISPERING INLET DR. 3 SIRET ADDRESS JACKSONVILLE FL D DELETE 3 THILE D Change Addition Addition Addition Addition Addition Addition Change Addition Addition Addition Change Addition Additio		9. Name and Address of Cur		lered Agent				. l		Agent		
4480 WHISPERING INLET DRIVE JACKSONVILE FL 32277 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's stands this statement for the purpose of changing its 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 standard with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D SHANNON, DOUGLAS 4480 WHISPERING INLET DR. JACKSONVILLE FL D DIEFE SHANNON, BETTY J 4480 WHISPERING INLET DR. JACKSONVILLE FL D DELFIE JACKSONVILLE FL JACKSONVIL					81	١	Name					
4480 WHISPERING INLET DRIVE JACKSONVILE FL 32277 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's stands this statement for the purpose of changing its 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 standard with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D SHANNON, DOUGLAS 4480 WHISPERING INLET DR. JACKSONVILLE FL D DIEFE SHANNON, BETTY J 4480 WHISPERING INLET DR. JACKSONVILLE FL D DELFIE JACKSONVILLE FL JACKSONVIL	SHANN	ON. DOUGLAS			-	١.,						
JACKSONNILE FL 32277 83					82	٤	Street Addre	iss (P.O. Box Number is Not Acceptat	ole)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above required 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. Thereby accept the appointment as registered agent. I am registered agent to the provisions of, Section 607.0506, Florida Statutes. SIGNATURE: Signature Sign					83	1					·	
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 agent. I am registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am SIGNATURE Signature. Is led or protection of 0.0509. Florida Statutes. SIGNATURE Signature. Is led or protection of 0.0509. Florida Statutes. SIGNATURE Signature. Is led or protection of 0.0509. Florida Statutes. Signature. Is led or protection of						ļ - :					•	
familiar with, and accept the obligations of, Section 607-0505, Florida Statutos. SIGNATURE Signature sequence again accept the obligations of, Section 607-0505, Florida Statutos. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE D					84	0	Dity		EI	85 Zq	p Code	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	familiar wit	h, and accept the obligations of, S	ection 607.0	0505, Florida Statutes	zed by the corp s.	iora	uon s board	o of directors. Thereby accept the app	pose of ch pintment as	anging its r s registered	egistered office agent. I am	
DELETE DELETE 1.1TILE Change Addition						nt sig	apiature responsors					
NAME SHANNON, DOUGLAS 12 NAME 13 STREET ADDRESS 14 480 WHISPERING INLET DR. 13 STREET ADDRESS 14 CHV - ST - ZIP			AND DIREC				1	ADDITIONS/CHANGES TO OFF				
13 STREET ADDRESS	i			Octobe			İ			Ш Слапде	L Addition	
DELETE 14 CHY-ST-ZIP DELETE 14 CHY-ST-ZIP DELETE DELET			NB.			t arun	DDCCC					
DELETE D			DIV.									
SHANNON, BETTY J 22 NAME 23 STREET ADDRESS 4480 WHISPERING INLET DR. 24 CITY - ST - ZIP JACKSONVILLE FL 24 CITY - ST - ZIP	TITLE			E1 DELETE		51 - ZI	F			Change	C Addition	
Addition	NAME	SHANNON BETTY J		G · · · · ·					ı		L.J. Addition	
Color STEAT Color Colo	STRÉET ADDRESS		DR.			ΔΩΓ	neres					
DELETE DELETE 3 1 1 1 1 1 1 1 1 1	CITY-ST-ZIP											
NAME 3 2 NAME STREFT ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TIFLE DELETE 4 1 TIFLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS	TITLE			☐ DELF1E			"			1 Change	☐ Addition	
34 CITY - ST - ZIP 34 CITY - ST - ZIP	NAME				3.2 NAME				`			
THE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME 4 3 STREET ADDRESS 4 3 STREET ADDRESS	STREET ADDRESS				33 STREE	1 AD	DRESS					
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	CITY - ST - ZIP				34 CHY - 9	i - ZI	IP					
STREET ADDRESS . 43 STREET ADDRESS	TITLE			DELETE	4 1 1111.6					Charige	Addit on	
. 433mill Applica	NAME				4.2 N4ME							
DITU OF NO	STREET ADDRESS				43\$1866	Aut	PRESS					
4.4 C/TY - ST - 7.6:	CITY-S1-ZIP	· • • • • • • • • • • • • • • • • • • •			4.4 O'TY - S	1 - 7-	,p					
DELETE 5 1 1.1 E	TITLE			DELFTE	5 1 TILLE				[Change	Addition	
V Tearly	NAME				5.2 NAME							
53 STREET ADDRESS 53 STREET ADDRESS	STREET ADDRESS				53STREET	ADO	DRESS					
3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CITY-ST-7IP				5.4 CHY+S	i - 20	ır.					
Comings [] Addition	TITLE			DELETE	6 1 TITLE				[Change	Add tion	
OF WARE	NAME				6.2 NAME							
V V V V V V V V V V V V V V V V V V V	STHEE1 ADDRESS				63 STREF	ADD	PRESS					
64 City-S1-ZIP 65 City-S1-ZIP 65 City-S1-ZIP	CITY-S1-ZIP										_	

4. To 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 SIGNATURE AND PRED OFFICER OR DIRECTO

1/18/94 904/144-7824