

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000088858 (3)**

1. Corporation Name

DOUGLAS DEVELOPMENT & CONSTRUCTION, INC.



Principal Place of Business

17 E. HIBISCUS BLVD.
#216
MELBOURNE FL 32901
US

Mailing Address

17 E. HIBISCUS BLVD.
#216
MELBOURNE FL 32901
US

3. Date Incorporated or Qualified
12/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1189 HYPOLUXO ROAD**

26 **1189 Hypoluxo Road**

4. FEI Number
59-3285845

Applied For
Not Applicable

22 Suite, Apt. #, etc.
201

27 Suite, Apt. #, etc.
201

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
Lantana, Fl 33462

28 City & State
Lantana, Fl 33462

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33462** Country **Palm Bch**

29 Zip **33462** Country **Palm Beach**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORTHCUTT, WILLIAM R
2194 HIGHWAY A1A
SUITE 306
INDIAN HARBOUR BEACH FL 32937**

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 Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HATCH, ROBERT L	
STREET ADDRESS	543 HIGHWAY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HATCH, SUSAN M	
STREET ADDRESS	543 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT HATCH
1.3 STREET ADDRESS	106 INNER HARBOR WAY
1.4 CITY-ST-ZIP	JUPITER, FL 33477
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUSAN HATCH
2.3 STREET ADDRESS	106 INNER HARBOR WAY
2.4 CITY-ST-ZIP	JUPITER, FL 33477
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **ROBERT L. HATCH**

Robert L. Hatch
2/22/96

407-540-4310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)