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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000016659 (1)

1. Corporation Name

DOUGLASS CAPITAL CONNECTIONS, INC.

Principal Place of Business

888 EXECUTIVE CENTER DR. WEST
SUITE 100
ST. PETERSBURG FL 33702

Mailing Address

888 EXECUTIVE CENTER DR. WEST
SUITE 100
ST. PETERSBURG FL 33702

2. Principal Place of Business

21 13555 Automobile Blvd

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Clearwater FL

Zip

24 34622

Country

25 Pinellas

2a. Mailing Address

26 13555 Automobile Blvd

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Clearwater FL

Zip

29 34622

Country

30 Pinellas

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

4. FEI Number

59-3300446

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

10. Name and Address of New Registered Agent

DOUGLASS, DANIEL D

888 EXECUTIVE CENTER DR. WEST
SUITE 100
ST. PETERSBURG FL 33702

13555 Automobile
Blvd, Suite 100
Clearwater FL
34622

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 state a valid

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Secretary ☐ Change ☒ Addition
1.2 NAME Daniel D. Douglass
1.3 STREET ADDRESS 888 Executive Center Dr. W. #100
1.4 CITY - ST - ZIP St. Petersburg, FL 33702

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 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 a 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, as changed, on an attachment with an address.

SIGNATURE:

Daniel D. Douglass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL D. DOUGLASS

6/20/96

8135731445

Date

Daytime Phone #

CR2E034 (12/95)