

FILE NOW: FILING FEE AFTER MAY

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Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90064 006 ***150.00

DOCUMENT - 1

PROFIT
 CORPORATION
 ANNUAL REPORT



FLOR

1999

DIVISION OF CORPORATIONS

DOCUMENT # P96000000152

Corporation Name

FINDLAY DOUGLAS AMERICA, INC.

Principal Place of Business

**200 EAST ROBINSON STREET, SUITE 500
 ORLANDO FL 32801**

Mailing Address

**200 EAST ROBINSON STREET, SUITE 500
 ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

1. Date Incorporated or Qualified

01/02/1996

4. FEI Number

59-3436378

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

7. This corporation owes the current year Intangible
 Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

Principal Place of Business

Mailing Address

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Name and Address of Current Registered Agent

**FLORIDA CORPORATE SUPPORT, INC.
 200 EAST ROBINSON STREET, SUITE 500
 ORLANDO FL 32801**

81. Name

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

83.

84. City

FL

85. Zip Code

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 appropriate

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

TITLE **PSD**
 NAME **DOUGLAS, CHRISTOPHER**
 STREET ADDRESS **200 E ROBINSON ST, STE 500**
 CITY, ST, ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

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.