FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000042489

1. Corporation Name

DOUGLAS WARD, INC.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90052 025 ***158.75



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Principal Place of Business Mailing Address								
15300 BERMONDSEY ST. 15300 BERMONDSEY ST.								
HUDSON FL 34667 HUDSON FL 34667						DO NOT WRITE IN THIS	SISPACE	
					3. Date Incorporat		- OFAUL	
					05/13/1997	ed of Qualifor		
2. Principal Place of Business / 2a. Mailing Address					4, FEI Number		TA	pplied For
15700			mondseus		59-3447205) - -	ot Applicable
21 / <u>7 .5</u> Suite, Apt.	1000, 11.10 C	Suite, Apt. #, etc.	7 (00)	-07.				Additional
22 27					5. Certifcate of Sta	atus Desired	-	equired
City & State City & State					6. Election Campa	ion Financing	\$5.00	May Be
23 Hudson, FL. 28 Hudson			, , , , , ,	4.	Trust Fund Con	_		to Fees
Zip Country Zip				try		owes the current year Ir	ntangible	
24 346	6 7 ₂₅	29 34667 3	30		Personal Prope		∐Yes	Νο
	9. Name and Address of Current				- 10Name and Add	iress of New Registered	Agent /	/
				81 Name	Davalac	1 bord		
WARD, DOUGLAS 15300 BERMONDSEY ST.				2 Street Address (P.O. Box Number is Not Acceptable)				
				13		nondsey	· _ S	-
HUD	ISON FL 34667	,	Ī	B3 2				
			-				OE 7in	Code
				City 1	tudson	F	L 85 3	4667
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the ab	ove-named	corporation submits this sta	tement for the purpose of	of changing it	s registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	tnorizea	by the corpo	pration's board of directors.	I hereby accept the app	ointment as r	egistered
1	m familiar with, and accept the obligat	lions of, Section 607.9805, Plon		المدي سأ	a not	3/28	1199	7
SIGNATURE	Signature, typed or printed pains of registered agen	at and title if applicable. (NOTE: F	Registered /	gent signature re	equired when reinstating)	DATE	<u> </u>	
12.	OFFICERS AN		13.			ANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TIT	E			Change	☐ Addition
NAME	WARD, DOUGLAS		1.2 NA	4E				
STREET ADDRESS			1.3 STF	EET ADDRESS				
CITY-ST-ZIP	HUDSON FL 34667		1.4 CIT	r-ST-ZIP			=	
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				REET ADDRESS				
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NAME	}		1	1				
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NAME								
STREET ADDRESS				REET ADORESS				
CITY-ST-ZIP		<u> </u>		Y-ST-ZIP			Change	Addition±
TITLE	Ì	☐ DELETE	6.1 TITI				∪nange	Addition
NAME			6.2 NA					
STREET ADDRESS	{·		6.3 ST	REET ADDRESS				

CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

SIGNATURE: