FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED
95 MAY -1 AM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034307 (7)

1. Corporation Name

DOUGLAS ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
RT 15 BOX 1319 LAKE CITY FL 32055	RT 15 BOX 1319 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3124832	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	

2. Principal Place of Business	2a. Mailing Address
21 1257 E. BAYA AVE	26 P.O. BOX 2648
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAKE CITY, FL	City & State 28 LAKE CITY, FL
Zip 24 32055 Country 25 USA	Zip 29 320506 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOUGLAS, H M RT 15 BOX 1319 LAKE CITY FL 32055	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: H. Marshall Douglas
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, H. MARSHALL	1 NAME	
STREET ADDRESS	RT. 15 BOX 1319	1 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	1 CITY-ST-ZIP	
TITLE	VD	2 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, DIANA S	2 NAME	
STREET ADDRESS	RT. 15 BOX 1319	2 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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.

SIGNATURE: H. Marshall Douglas — 5-1-95 — 904-752-6244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0401178 FP