

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006323 (8)

1. Corporation Name
COLORMATCH EXTERIORS, INC.



Principal Place of Business 849 PICKENS INDUSTRIAL DRIVE, SUITE 11 MARIETTA GA 30062	Mailing Address 849 PICKENS INDUSTRIAL DRIVE, SUITE 11 MARIETTA GA 30062
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Same As 2a. Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 2200 McFarland 400 Blvd. Suite, Apt. #, etc. 27 City & State 28 Alpharetta, GA Zip Country 29 30004 30 USA	3. Date Incorporated or Qualified 12/29/1995	4. FEI Number 58-1855301 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

FLEMING, EDWARD P ESQUIRE
4300 BAYOU BLVD., STES. 12 & 13
(PO BOX 30009)
PENSACOLA FL 32503-1009

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PC	<input type="checkbox"/>
NAME	MOORE, JAMES H JR	
STREET ADDRESS	2548 TELFAIR PLACE	
CITY-ST-ZIP	MARIETTA GA 30062	
TITLE	WC	<input type="checkbox"/>
NAME	ARMSTRONG, MARK	
STREET ADDRESS	3227 WEST SHADOWLAWN AVENUE	
CITY-ST-ZIP	ATLANTA GA 30062	
TITLE	STD	<input type="checkbox"/>
NAME	MOORE, SANDRA L	
STREET ADDRESS	2548 TELFAIR PLACE	
CITY-ST-ZIP	MARIETTA GA 30062	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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

SIGNATURE: *James H Moore, Pres.* 02-10-98 770-664-8001

CR2E034 (10/97)