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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F96000004556 (4)**

1. Corporation Name
ARCHITECTURAL IMAGE MANUFACTURERS, INC.

Principal Place of Business	Mailing Address
2179 BOULDERCREST ROAD SE ATLANTA GA 30316	2179 BOULDERCREST ROAD SE ATLANTA GA 30316-4801

2. Principal Place of Business
21 As above
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 As above
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified: 09/05/1996
3a. Date of Last Report:

4. FEI Number: 58-1902282 ☐ 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

BLOODWORTH, GLENN
316 MEXICAN DRIVE
CROSS CITY FL 32648

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: BLOODWORTH, WILLIAM		1.2 NAME	
STREET ADDRESS: 1170 BETHEL ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP: LITHONIA GA 30058		1.4 CITY-ST-ZIP	
TITLE: ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: BLOODWORTH, CINDY		2.2 NAME	
STREET ADDRESS: 1170 BETHEL ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP: LITHONIA GA 30058		2.4 CITY-ST-ZIP	
TITLE: V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: ELLIOTT, STEPHEN		3.2 NAME	
STREET ADDRESS: 3311 SPAIN ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP: LITHONIA GA 30058		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 added above with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone #

0012831