

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY 25 AM 1:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

<p>CORPORATION ANNUAL REPORT 1995</p>		<p>FLORIDA DEPARTMENT OF STATE Gwendolyn B. Marchant Secretary of State DIVISION OF CORPORATIONS</p>
--	---	--

DOCUMENT # L48302 (8)

1. Corporation Name
ARCHITECTURAL SPECIALTIES TRADING CO.

Principal Place of Business	Mailing Address
C/O JAMES E. FLOURNOY P.O. BOX 11154 PENSACOLA FL 32524-8154	C/O JAMES E. FLOURNOY P.O. BOX 11154 PENSACOLA FL 32524-8154

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/30/1990	05/01/1994
Suite Apt #, etc	Suite Apt #, etc	4. FEI Number	Applied For
22	27	59-2986941	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	
City	City	6. Election Campaign Financing Trust Fund Contributor	\$5.00 May Be Added to Fees
24	25	29	30
B. This corporation has liability for intangible tax under § 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
FLOURNOY, JAMES E. 5555 TRAFALGAR DR. PENSACOLA FL 32504		<table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>5 SABINE DRIVE</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>PENSACOLA BEACH FL</td> </tr> <tr> <td>85 Zip Code</td> <td>32561</td> </tr> </table>		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	5 SABINE DRIVE	83		84 City	PENSACOLA BEACH FL	85 Zip Code	32561
81 Name													
82 Street Address (P.O. Box Number is Not Acceptable)	5 SABINE DRIVE												
83													
84 City	PENSACOLA BEACH FL												
85 Zip Code	32561												

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 _____ (Signature of Registered Agent or Secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOURNOY, JAMES E.	2. NAME	
STREET ADDRESS	5555 TRAFALGAR DR.	3. STREET ADDRESS	5 SABINE DRIVE
CITY, ST, ZIP	PENSACOLA FL	4. CITY, ST, ZIP	PENSACOLA BEACH, FL 32561
TITLE	VP	2.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTENOT, WILLIAM S	2.2 NAME	
STREET ADDRESS	1308 MALDENADO	2.3 STREET ADDRESS	100 AVENIDA 23
CITY, ST, ZIP	PENSACOLA FL	2.4 CITY, ST, ZIP	PENSACOLA BEACH, FL 32561
TITLE		3.1 TITLE	
NAME		3.2 NAME	200001503542
STREET ADDRESS		3.3 STREET ADDRESS	-06/01/95--01074--008
CITY, ST, ZIP		3.4 CITY, ST, ZIP	****233.75 ****233.75
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 119.071(3)(b), 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. 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 1, or 1b, or 1c, if changed, or on an affidavit filed with this address.

SIGNATURE: *James E. Flournoy* 5/24/95 (904) 435-2507
 SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR