

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

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L48302 (8)

1. Corporation Name
ARCHITECTURAL SPECIALTIES TRADING CO.



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

Mailing Address
**C/O JAMES E. FLOURNOY
 P.O. BOX 11154
 PENSACOLA FL 32524-1154**

3. Date Incorporated or Qualified 01/30/1990	3a. Date of Last Report 06/13/1996
4. FEI Number 59-2986941	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
**FLOURNOY, JAMES E.
 5 SABINE DR.
 PENSACOLA BCH. FL 32561**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 _____ DATE _____
(NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	POT	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOURNOY, JAMES E.	1.2 NAME
STREET ADDRESS	5 SABINE DR.	1.3 STREET ADDRESS
CITY-STATE-ZIP	PENSACOLA BCH. FL 32561	1.4 CITY-STATE-ZIP
TITLE	VSD	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTENOT, WILLIAM S	2.2 NAME
STREET ADDRESS	100 AVENIDA 23	2.3 STREET ADDRESS
CITY-STATE-ZIP	PENSACOLA BCH. FL 32561	2.4 CITY-STATE-ZIP
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information 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 is shown in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James E. Flournoy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-97 904-435-2507
 DATE TELEPHONE NUMBER

CR2E034 (9/96)