

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000067648 (4)

1. Corporation Name
SOUTHERN HOME EXTERIOR DESIGNS, INC.

Principal Place of Business 3027 GULFSTREAM LANE JACKSONVILLE FL 32250	Mailing Address 3027 GULFSTREAM LANE JACKSONVILLE FL 32250-1619
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3. Date Incorporated or Qualified 09/23/1993	3a. Date of Last Report 04/23/1996
4. FEI Number 59-3163076	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 819 TOWNSEND Blvd #6 Suite, Apt #, etc. 22 #6 City & State 23 OAK, CA Zip 24 32211	2a. Mailing Address 26 29 VALENCIA ST Suite, Apt #, etc. 27 City & State 28 PONTE VEDRA BCH, FL Zip 29 32082	Country 25 DUMAL Country 30 ST. JOHNS
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9. Name and Address of Current Registered Agent PATTON, PATRICIA 3027 GULFSTREAM LANE JACKSONVILLE FL 32250	10. Name and Address of New Registered Agent 81 Name FRANK D LEMASTER 82 Street Address (P.O. Box Number is Not Acceptable) 29 VALENCIA ST 83 84 City PONTE VEDRA BCH FL 85 Zip Code 32082
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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:  **FRANK D LEMASTER** 3/7/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME D PATTON, PATRICIA	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3027 GULFSTREAM LANE		1.2 NAME	
CITY-STATE-ZIP JACKSONVILLE FL 32250		1.3 STREET ADDRESS	
TITLE V	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
NAME LEMASTER, FRANK		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 29 VALENCIA ST.		2.2 NAME	
CITY-STATE-ZIP PONTE VEDRA BEACH FL 32082		2.3 STREET ADDRESS	
TITLE ST	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	
NAME DEBORAH M LEMASTER		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 29 VALENCIA ST		3.2 NAME	
CITY-STATE-ZIP PONTE VEDRA BEACH FL		3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-STATE-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-STATE-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	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)(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:  **FRANK D LEMASTER V.P. 3/7/97 (904) 285-2980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)