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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000069651 (5)

## FILED May 06 1997 8:00am Secretary of State

EXTERIOR	AS INC						
Principal Place	of Business	Mailing Address			-	i arika birka laika akkai aika	(1 1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>
P.O. BOX 188 BOSTWICK FL 32007		P.O. BOX 188 BOSTWICK FL 32007-0188	3				
					3. Date Incorporated or Qualified 09/21/1994	3a. Date of Last F 03/15/1996	Report
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			59-3261544	No.	ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 ' -	Additional
City & State		City & State					equired
23		28			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country	Z(p)	Cou	intry	8. This corporation has liability for		
24	25	29	30			Yes No	7. 100.002.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
	ON, BRENDA			81 Name			
6683 (		1	B2 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
PALAT	TKA FL 32177		-	83			·
				63			
•				84 City		FL 85 Zip	Code
11. Pursuant to office or reg agent. I am	the provisions of Sections 607.0502 gistered agent, or both, in the State of familiar with, and accept the obligat	and 607.1508. Florida Statu of Horida. Such change was tions of, Section 607.0505. F	otes, the all authorized forida Stat	bove-named corp d by the corpora tutes.	poration submits this statement for the patients board of directors. I hereby according		ils registered ; registered
SIGNATURE 5	ignature, typed or printed name of registered agent	Land title it applicable (NC	H Rogisteres	d Agent signature requi	ired when teinstaing)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
1	PD	DELETE	1311	ILE		Change	RS IN 12 Addition
	Griffis, Judy M		1.2 N	AMF			
	P.O. BOX 188 HWY 17 #1420		1.3 53	TREET ADDRESS			
	BOSTWICK FL 32007	- Voresta		ITY-ST-ZIP	·····		
	S OUTUDIE DANIE	DELETE	2111			Change	L_J Addition
	GUTHRIE, PAUL P.O. BOX 188 HWY 17 #1420		22 N/				
	BOSTWICK FL 32007		1	IREET ADDRESS			
CITY-ST-ZIP TITLE	BOSTWICK TE SZOO7			121 07 710			
		DELETE		TLF		Channe	Addition
I <sub>NAME</sub> Ì		DELETE	3.1 Ti	TLF		Change	Addition
NAME Street Address		☐ DELETE	3.1 TI 3.2 No	TLF		Change	Addition
		DELETE	3.1 Tf 3.2 N/ 3.3 S1	TUF AME		☐ Change	Addition
STREET ADDRESS		☐ DELETE	3.1 Tf 3.2 N/ 3.3 S1	TUF AMI LREFT ADDRESS CITY - ST - ZIP		☐ Change☐ Change☐ Change	Addition  Addition
STREET ADDRESS CHTY-ST-ZIP			3.1 T/ 3.2 N/ 3.3 S/ 3.4, C	TUF AMI UREET ADDRESS UITY-ST-ZIP ULF			
STREET ADDRESS CITY-ST-ZIP TITLE			3.1 Ti 3.2 Ni 3.3 Si 3.4. Ci 4.1 Ti 4.2 Ni	TUF AMI UREET ADDRESS UITY-ST-ZIP ULF			
STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u> orlei€	3.1 TH 3.2 Nr 3.3 SH 3.4. C 4.1 TH 4.2 Nr 4.3 SH	TLF  AME  AME  BREET ADDRESS  SITY-ST-ZIP  FLF  IAME  IREET ADDRESS  ITY-ST-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.1 TH 3.2 No 3.3 SH 3.4, C 4.1 TH 4.2 N 4.3 SH 4.4 CH 5.1 TH	TLF  AMI  GREET ADDRESS  STY-ST-ZIP  TLF  IMME  IREET ADDRESS  IY-ST-ZIP  TLE			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		<u></u> orlei€	3.1 TH 3.2 No 3.3 SH 3.4 CC 4.1 TH 4.2 N 4.3 SH 4.4 CD 5.1 TH	TLF  AMI  GREET ADDRESS  JITY-ST-ZIP  TLF  IAME  IREET ADDRESS  ITY-ST-ZIP  TLE  AMI		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u></u> orlei€	3.1 H 32 N 33 SI 3.4 C 41 H 4.2 N 4.3 SI 4.4 D 5.1 H 5.2 A/2	TLF  AMI  GREET ADDRESS  JITY-ST-ZIP  FLF  IAME  IREET ADDRESS  JIY-ST-ZIP  ILE  AMI  IRLEIT ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 H 32 N 3.3 SI 3.4 C 4.1 H 4.2 N 4.4 DI 5.1 H 5.2 AV 5.3 SI 5.4 CI	TLF  AMI  AMI  BREET ADDRESS  JTY-ST-ZIP  ILE  AMI  ILEET ADDRESS  JTY-ST-ZIP  ILE  AMI  IRLET ADDRESS  JTY-ST-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE		<u></u> orlei€	3.1 H 32 N 33 SI 3.4 C 4.1 H 4.2 N 4.4 D 5.1 H 5.2 N 5.3 SI 5.4 CI 6.1 H	TLF  AMI  BREET ADDRESS  JITY-ST-ZIP  FLF  IREET ADDRESS  LIY-ST-ZIP  ILE  AMI  IRLET ADDRESS  LIY-ST-ZIP  ILE  AMI  IRLET ADDRESS  LIY-ST-ZIP  LIE  AMI  IRLET ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	3.1 H 32 N 33 SI 3.4 C 4.1 N 4.2 N 4.4 D 5.1 H 5.2 N 5.3 SI 5.4 CI 6.2 N	TLF  AMI  DREET ADDRESS  JITY-ST-ZIP  FLF  IAME  IREET ADDRESS  JY-ST-ZIP  ILE  AMI  IREET ADDRESS  JY-ST-ZIP  ILE  AMI  IREET ADDRESS  JY-ST-ZIP  ILE  AMI  AMI  AMI  AMI  AMI  AMI  AMI  AM		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE		DELETE	3.1 H 32 N 33 SI 34 C 41 TI 4.2 N 44 D 5.1 H 52 N 53 SI 6.1 TI 6.2 N 6.3 SI	TLF  AMI  BREET ADDRESS  JITY-ST-ZIP  FLF  IREET ADDRESS  LIY-ST-ZIP  ILE  AMI  IRLET ADDRESS  LIY-ST-ZIP  ILE  AMI  IRLET ADDRESS  LIY-ST-ZIP  LIE  AMI  IRLET ADDRESS		☐ Change	Addition

14. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. 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 eath; 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:

Judes

M. Duff

4-79.01

904-22502186