**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000013577 (8)**

1. Corporation Name
**B & D TRIM SPECIALTIES, INC.**

Principal Place of Business
**505 SAMANA WAY**
**NICEVILLE FL 32578**

Mailing Address
**505 SAMANA WAY**
**NICEVILLE FL 32578**

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 35 Live Oak Lane
Suite, Apt #, etc
22
City & State
23 Defuniak Springs, Fl.
Zip
24 32433
Country
25 U.S.

2a. Mailing Address
26 35 Live Oak Lane
Suite, Apt #, etc
27
City & State
28 Defuniak Springs, Fl.
Zip
29 32433
Country
30 US

4. FEI Number: 593294545 — 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**
**RAWLES, BYRON M**
**505 SAMANA WAY**
**NICEVILLE FL 32578**

10. **Name and Address of New Registered Agent**
81 Name: Rawles, Byron M
82 Street Address (P.O. Box Number is Not Acceptable): 199 Live Oak Lane
83
84 City: Defuniak Springs, FL
85 Zip Code: 32433

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

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | RAWLES, BYRON | |
| STREET ADDRESS | 505 SAMANA WAY | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | |
| TITLE | D | ☐ DELETE |
| NAME | RAWLES, DEREK A | |
| STREET ADDRESS | 955 AIRPORT ROAD, APT. 721 | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | D | ☒ Change ☐ Addition |
| 1.2 NAME | Rawles Byron M. | |
| 1.3 STREET ADDRESS | 199 Live Oak Lane | |
| 1.4 CITY-ST-ZIP | Defuniak Springs, Fl. 32433 | |
| 2.1 TITLE | D | ☒ Change ☐ Addition |
| 2.2 NAME | Rawles Derek A. | |
| 2.3 STREET ADDRESS | 89 Live Oak Lane | |
| 2.4 CITY-ST-ZIP | Defuniak Springs, Fl. 32433 | |
| 3.1 TITLE | D | ☐ Change ☒ Addition |
| 3.2 NAME | Rawles Milton J. | |
| 3.3 STREET ADDRESS | 143 Live Oak Lane | |
| 3.4 CITY-ST-ZIP | Defuniak Springs, Fl 32433 | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Byron Rawles — Byron Rawles — 7-8-96 — (941)865-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

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