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

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

2. Principal Place of Business	2a. Mailing Address
21 35 Live Oak Lane	26 35 Live Oak Lane
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: DeFuniak Springs, Fl.	28 City & State: DeFuniak Springs, Fl.
24 Zip: 32433 — 25 Country: U.S.	29 Zip: 32433 — 30 Country: US

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 _____ DATE _____
Signature of new or additional registered agent, if title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			☒ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAWLES, BYRON 505 SAMANA WAY NICEVILLE FL 32578	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Rawles Byron M. 199 Live Oak Lane DeFuniak Springs, Fl. 32433
			☒ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAWLES, DEREK A 955 AIRPORT ROAD, APT. 721 DESTIN FL 32541	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Rawles Derek A. 89 Live Oak Lane DeFuniak Springs, Fl. 32433
			☐ Change ☒ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Rawles Milton J. 143 Live Oak Lane DeFuniak Springs, Fl 32433
			☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	
			☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	
			☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	

CR2E034 (3/96)

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 #

01P23021 FP