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

FILED
98 FEB 10 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 32578-4016

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report: 07/12/1996

2. Principal Place of Business
21: 89 Live Oak Ln.
Suite, Apt. #, etc. 22:
City & State 23: Defuniak Springs, Fl.
Zip 24: 32433 Country 25: Walton

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

4. FEI Number: 59-3294545 ☐ 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 Ln.
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: Byron Rawles 2-10-98
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAWLES, BYRON 505 SAMANA WAY NICEVILLE FL 32578	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Rawles, Byron M. 199 Live Oak Ln. 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	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Rawles, Derek A. 89 Live Oak Ln. Defuniak Springs, Fl. 32433	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	000002434540--7 -02/18/98--01083--030 ****908.75 ****908.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	REINSTATEMENT 97-98	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SL 2-18-98	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Byron Rawles 2-10-98 (850)865-1717