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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000061693 (4)

1. Corporation Name
PROFESSIONAL WEATHER SEALERS, INC. - RX FOR WEAT HER PROOFING

Principal Place of Business	Mailing Address
5065-1 ST AUGUSTINE RD. JACKSONVILLE FL 32207	5065-1 ST AUGUSTINE RD. JACKSONVILLE FL 32207-9501

3. Date Incorporated or Qualified: 08/09/1995	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3323267	☐ 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 3435 PHILLIPS HIGHWAY	26 3435 PHILLIPS HWY
Suite, Apt. #, etc. 22 SUITE B-201	Suite, Apt. #, etc. 27 SUITE B-201
City & State 23 JACKSONVILLE, FLORIDA	City & State 28 JACKSONVILLE, FLORIDA
Zip 24 32207 Country 25 USA	Zip 29 32207 Country 30 USA

9. Name and Address of Current Registered Agent

BISTROW, JAMES A.
5065-1 ST AUGUSTINE RD.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4305 GADSDEN COURT

83

84 City JACKSONVILLE FL 85 Zip Code 32207

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: JAMES A. BISTROW — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 1/28/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BISTROW, GEORGIA A.		1.2 NAME		
STREET ADDRESS	4305 GADSDEN COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	PRESIDENT / DIRECTOR	☑ Change ☐ Addition
NAME	BISTROW, JAMES A.		2.2 NAME		
STREET ADDRESS	4305 GADSDEN COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: [signature] 1/28/97 (904) 346-3532