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Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000094159 (5)

1. Corporation Name  
BEST BLINDS, INC.

Principal Place of Business

Mailing Address

11250 OLD ST AUGUSTINE ROAD  
SUITE 15-313  
JACKSONVILLE FL 32257

11250 OLD ST AUGUSTINE ROAD  
SUITE 15-313  
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

59-349 4493

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 9914 San Jose Blvd

26 Suite, Apt. #, etc.

22 #1028

27 Suite, Apt. #, etc.

23 Jacksonville FL

28 City & State

24 32257

29 Zip

25 USA

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PILINGS, INC.  
3702 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

81 Name

Patricia D. Betha, CPA

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

1722 River Plantation LN

83

84 City

Jacksonville

FL

85 Zip Code

32223

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 Patricia D. Betha

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/6/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V. President  
NAME ROBERSON, Edgar W.  
STREET ADDRESS 11250 OLD ST AUGUSTINE ROAD #15-313  
CITY-ST-ZIP JACKSONVILLE FL 32257

1.1 TITLE

V/S  
Edgar W. Roberson

☒ Change ☐ Addition

TITLE President  
NAME ROBERSON, LAURA M.  
STREET ADDRESS 11250 OLD ST AUGUSTINE ROAD #15-313  
CITY-ST-ZIP JACKSONVILLE FL 32257

2.1 TITLE

P/T  
Laura M. Roberson

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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: Laura M. Roberson Laura M. Roberson 3/2/98 904-292-2924

CR2E034 (10/97)