


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90220 018 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000094159**

1. Corporation Name  
**BEST BLINDS, INC.**



Principal Place of Business  
 9914 SAN JOSE BLVD  
 SUITE 102B  
 JACKSONVILLE FL 32257  
 US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10450 US 1 North</b> Suite, Apt. #, etc. 22 <b>Suite #3</b> City & State 23 <b>St. Augustine, Florida</b> Zip 24 <b>32095</b>	2a. Mailing Address 26 <b>10450 US 1 North</b> Suite, Apt. #, etc. 27 <b>#3</b> City & State 28 <b>St. Augustine, Florida</b> Zip 29 <b>32095</b> Country 30 <b>USA</b>	3. Date Incorporated or Qualified <b>11/03/1997</b>	4. FEI Number <b>59-3494493</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>BETHEA, PATRICIA</b> <b>1722 RIVER PLANTATION LN</b> <b>JACKSONVILLE FL 32223</b>	10. Name and Address of New Registered Agent 81 Name <b>Laura Roberson</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>749 Matterhorn Court</b> 83 <b>749 Matterhorn Ct</b> 84 City <b>Jacksonville</b> FL 85 Zip Code <b>32259</b>
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11. Pursuant to the provisions of Sections 607.0505 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 *Laura M. Roberson* DATE **6/3/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP ROBERSON, EDGAR W. 11250 OLD ST AUGUSTINE RD, #15-313 JACKSONVILLE FL 32257	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VSP Roberson, Edgar W. 10450 US 1 N #3 St. Augustine, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROBERSON, LAURA M 11250 OLD ST AUGUSTINE RD, #15-313 JACKSONVILLE FL 32257	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President Roberson, Laura M. 10450 US 1 N #3 St. Augustine, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Laura M. Roberson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)