


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106841 (4)

1. Corporation Name
SCREEN DESIGNS OF BAY COUNTY, INC.



Principal Place of Business 204 MOSLEY DRIVE LYNN HAVEN FL 32444	Mailing Address 204 MOSLEY DRIVE LYNN HAVEN FL 32444
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/19/1997	
4. FEI Number 59-3503275		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent RUFF, JOSEPH P 204 MOSLEY DRIVE LYNN HAVEN FL 32444		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			

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 Brenda J. Ruff Brenda J. Ruff 4-21-98
Signature typed or print of name of registered agent, not title, if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RUFF, BREND A J	1.2 NAME	
STREET ADDRESS	204 MOSLEY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	RUFF, JOSEPH P	2.2 NAME	
STREET ADDRESS	204 MOSLEY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	RUFF, STEPHEN J	3.2 NAME	
STREET ADDRESS	204 MOSLEY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Brenda J. Ruff Brenda J. Ruff 4-21-98 850-763-4442

CR2E034 (10/97)