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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)

SARASOTA HARDWARE & PAINT COMPANY INC.

Principal Place of Business Mailing Address C/O JOHN D KICKLIGHTER C/O JOHN D KICKLIGHTER 1554 MAIN ST. 1554 MAIN ST. DO NOT WRITE IN THIS SPACE SARASOTA FL 34236 SARASOTA FL 34236 3. Date Incorporated or Qualified 10/01/1934 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0436020 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KICKLIGHTER.JOHN D 1554 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE KICKLIGHTER, JOHN D NAME 1.2 NAME 1554 MAIN STREET STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE NAME KRILL, JAMES G. 2.2 NAME 1554 MAIN STREET STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE STD 3.1 TITLE KRILL. SUZANNE NAME 3.2 NAME 1554 MAIN STREET STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE -UAMED-G NAME 4. 2 NAME 1664 MAIN STREET STREET ADDRESS 4.3 STREET ADDRESS Barasota fi CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ___ Addition Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 suppliemental 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 an attachment with an enderes.

64 CITY-ST-ZIP