

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90159 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 244272 1. Corporation Name EPPE HARDWARE, INC.	

Principal Place of Business 2270 ALLEN ROAD TALLAHASSEE FL 32312 US	Mailing Address 2270 ALLEN ROAD TALLAHASSEE FL 32312 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1961	4. FEI Number 59-0932994	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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent EPPE, NICK W., JR. 2270 ALLEN ROAD TALLAHASSEE FL 32312	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	EPPE, NICK W., JR.		1.2 NAME		
STREET ADDRESS	2270 ALLEN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	EPPE, NICK W., SR.		2.2 NAME		
STREET ADDRESS	2270 ALLEN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	EPPE, BETTY F.		3.2 NAME		
STREET ADDRESS	2270 ALLEN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	EPPE, REBECCA S		4.2 NAME		
STREET ADDRESS	2270 ALLEN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		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		

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: SIGNATURE REQUIRED 4/21/99 385-6649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)