

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 268933 (9)
1. Corporation Name
BUILDERS HARDWARE, INC.



Principal Place of Business
3811 MORAN ROAD
TAMPA FL 33618

Mailing Address
3811 MORAN ROAD
TAMPA FL 33618-4613

3. Date Incorporated or Qualified
04/12/1963

3a. Date of Last Report
04/26/1996

4. FEI Number
59-0998968

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 14810 N. 12th St.,
Suite, Apt. #, etc.

22 City & State
Lutz, FL

23 Zip
33549

24 Country
Hillsborough

25

26 P.O. Box 17278
Suite, Apt. #, etc.

27 City & State
Tampa, FL

28 Zip
33612

29 Country
Hillsborough

30

GODWIN, LESLIE B
3811 MORAN ROAD
TAMPA FL 33618

81 Name

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

83

84 City

FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GODWIN, LESLIE B	1.2 NAME	
STREET ADDRESS	14810 N. 12TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	GODWIN, SYLVIA M	2.2 NAME	
STREET ADDRESS	14810 N. 12TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	GODWIN, L.B.	3.2 NAME	
STREET ADDRESS	14810 N. 12TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	GODWIN, SM	4.2 NAME	
STREET ADDRESS	14810 N. 12TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	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	

14. I do 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:

LESLIE B. GODWIN PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 813 971-4700
Date Daytime Phone #

CR2E034 (9/96)