

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

FILED
Feb 02, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-02-1999 90008 003 ****150.00

DOCUMENT # 276646

1. Corporation Name

EAU GALLIE HARDWARE, INC.



Principal Place of Business

590EAU GALLIE BLVD.
 MELBOURNE FL 32935

Mailing Address

590EAU GALLIE BLVD.
 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1963

4. FEI Number

59-1027719

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ALEXANDER, GEORGE H
 1496 ALBERT DR
 MELBOURNE FL 32935

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

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

TITLE **ST** DELETE

NAME **ALEXANDER, PAULA**
 STREET ADDRESS **365 W DOVER ST**
 CITY-ST-ZIP **SATELLITE BCH, FL 00000**

TITLE **PD** DELETE

NAME **ALEXANDER, GEORGE H**
 STREET ADDRESS **1496 ALBERT DR**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **VD** DELETE

NAME **ALEXANDER, CANDEE F**
 STREET ADDRESS **1496 ALBERT DR**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **VD** DELETE

NAME **JOHNSON, ROBERT**
 STREET ADDRESS **168 SAN JUAN CIRCLE**
 CITY-ST-ZIP **MELBOURNE, FL 00000**

TITLE DELETE

NAME **ST**
 STREET ADDRESS **ST**
 CITY-ST-ZIP **ST**

TITLE DELETE

NAME **PD**
 STREET ADDRESS **PD**
 CITY-ST-ZIP **PD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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: **GEORGE H. ALEXANDER** (Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/13/99**
 Daytime Phone #: **407-254-3261**

CR2E034 (11/98)