DOCUMENT # 467232

1. Entity Name

WARRINGTON HARDWARE, INC.

	 e ·		
Principal Place of Business	 Mailing Address	4.	
H111 BARRANCAS AVE PENSACOLA FL 32507	 4111 BARRANCAS AVE PENSACOLA FL 32507	٠.,	
Principal Place of Business	 3. Mailing Address		
Suite, Apt. #, etc.	 Suite, Apt. #, etc.		1
City & State	 City & State	 _	7

Feb 27, 2001 8:00 am Secretary of State 02-27-2001 90341 003 ***150.00

Principal Place of Business		Mailing Address			į						
4111 BARRANCAS AVE PENSACOLA FL 32507		4111 BARRANCAS AVE PENSACOLA FL 32507			661640						
						1 12511) 61618	# (100 1 4111 11402 101	a (18) alsii 1911)	i Bibii Bibii BiC'	IL GLEIC I LL I	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS	SPACE		
City & Stat	e		City & State		4.	FEI Number	59-158042	8		oplied For	
Zip	Cour	ntry AM bid	Zip	Country	5.	Certificate of	Status Desired		\$8:75 Add	ditional	
	6. Name and Ad	Idress of Current R	egistered Agent		7.	Name and A	ddress of New	Registered /	Agent		
HAAG, MARCEN D. 4111 BARRAHCAS AVE PENSACOLA FL 32507				Street /	Name Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Code	e		
8 The above	named entity submit	te this statement for t	he purpose of changing its	rogistered office (v registered as	gent or both	in the State of El				
SIGNATURE	maran	1. Hav	9				THE STATE OF T				
	Signature, typed or printed	name of registered agent and	d . ● if applicable. (NOT	E: Registered Agent signs	ture required when	reinstating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [2]		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St		550.00	1	ion Campaign Fi Fund Contribution			May Be to Fees		
11.		OFFICERS AND D	IRECTORS	12.	At	DDITIONS/CI	HANGES TO OF	FICERS AND	DIRECTOR	\$ IN 11	
TITLE	PTD		☐ Delete	TITLE					Change	☐ Addition	
NAME	HAAG, MARCEN	D		NAME	ĺ					ĺ	
STREET ADDRESS	1129 E. GADSDE			STREET ADDRESS							
CITY-ST-ZIP	PENSACOLA, FL	00000		CITY-ST-ZIP							
TITLE		•	☐ Delete	TITLE					Change	☐ Addition	
NAME				NAME						. 1	
STREET ADDRESS CITY-ST-ZIP	.⊸.		الميريس ا	STREET ADDRESS CITY-ST-ZIP			er .				
			П 6-1-4-		 -	-			☐ Change	☐ Addition	
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NAME				NAME	1						
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CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>						
TITLE			☐ Delete	TITLE	1				Change	☐ Addition	
NAME				NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP	L			CITY-ST-ZIP	L						
13. I hereby o	certify that the information	ation supplied with the	nis filing does not qualify fo	r the exemption sta	ated in Section	119.07(3)(i),	Florida Statutes.	I further cert	ify that the in	nformation	

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Marcan J. Hoag Pres, Jeb 21-01