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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT # G46720

(0)

FILED
Apr 08 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 500 S DILLARD PO BOX 770099 WINTER GARDEN FL 34777-7099  BRAY HARDWARE COMPANY, INC.  Mailing Address 500 S DILLARD PO BOX 770099 WINTER GARDEN FL 34777-0089						3. Date Incorporated or Qualified 3a. Date of Last Report			
						06/28/1983	04/1	6/1996	
— <u> </u>	Place of Business	2a. Mailing Add	ress			4. FEI Number			pplied For
Suite, Apt	# etc	26   Suite, Apt. #	l etc			59-2311433			ot Applicable Additional
22	n, 635.	27	, 010.			5. Certificate of Status Desired		T	equired
City & Stat	le	City & State	,		<del> </del>	6. Election Campaign Financing	<del></del>	\$5.00	May Be
23		28			<del></del>	Trust Fund Contribution			to Fees
Zip	Country	Zip	<b>├</b> ──┐	Country		<ol> <li>This corporation has liability to Florida Statutes</li> </ol>	or intangible		s. <b>19</b> 9.032,
24	25 9. Name and Address of C	29] current Registered Agent	[30]		<del></del>	10. Name and Address of New I			
TOO	DLE, WALTER S., II			81 1	Name				
	S. DILLAR ST			82 5	Stroot Addre	ess (P.O. Box Number is Not Accept	able)		
	ITER GARDEN FL 32787			62	Slight Addre	ss (F.O. BOX NUMBER IS NOT ACCEPT	ablej		
				83					
				B4 (	City			<b>85</b> Zip	Code
					•		FL	'	
■ office or agent. La	to the provisions of Sections 60' registered agent, or both, in the am familiar with, and accept the	State of Florida. Such cha obligations of, Section 607	nge was authori 70505, Florida S	rized by th Statutes	he corporation	on's board of directors. I hereby acc	ept the app	ointment as	s registered
\$IGNATURE									
\$IGNATURE	Signature hypothologistic professional of professional of the state of	red ager I ano tille if applicable.	(NOTE: Flegisl	stereo Agent s		o when reinstaling)	DATE		
		red agent and title if applicable.	(NOTE Regist				DATE		<del></del> /
12.	OFFICER DP TOOLE, WALTER S II	red agent and title if applicable.	(NOTE Regist	siereo Ageni e		o when reinstaling)	DATE	DIRECTO	RS IN 12
12. Till E	OFFICER DP TOOLE, WALTER 8 II 11347 WILLOW ISLE DR	red agent and title if applicable.	(NOTE: Regist	siereo Ageni ( 13. .1 TIILE	signature require	o when reinstaling)	DATE	DIRECTO	RS IN 12
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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 an an attachment with an address.

**SIGNATURE:**