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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

GRANGER LUMBER - HARDWARE, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1180 SOUTH LANE AVENUE JACKSONVILLE FL 32205 1180 SOUTH LANE AVENUE JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 01/19/1948 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0582671 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AKEL, DANIEL D 81 Name ONE INDEPENDENT SQUARE 82 Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE 83 JACKSONVILLE FL 32202 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regelier diagent auditite if applicable (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, CPD DELETE TITLE 1.1 TITLE Change ___ Addition GRANGER, SAMUEL C NAME 1.2 NAME 1180 SO. LANE AVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 City-St-ZIP TSD DELETE TITLE ☐ Change Addition 2.1 T(T) F GRANGER, H J NAME 2.2 NAME 1180 LANE AVE SO STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition **ROGERS, RANDY** NAME 3.2 NAME 1180 LANE AVE SO STREET ADDRESS 3.3 STREET ADDRESS JAX FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-St-ZiP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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. TKOS a.

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