**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 166867

1. Corporation Name

TITLE

NAME

STREET ADDRESS

SOUTHERN HARDWARE CO

Principal Place of Business

## Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90087 045 \*\*\*150.00



									151 <b>4 8</b> 51 <b>4</b> 1 5 <b>8</b> 11 <b>8 8</b> 1	164 1 <b>881 BIB</b> IL <b>B</b> 44		1811 81811 1881
Principal Plac	e of Business	Mailing Addre	ss					***************************************				
2217 7TH AVE		2217 7TH AVE										
VERO BEACH	FL 32960	VERO BEACH	FL 32960					•	OO NOT WRI	TE IN THIS S	SPACE	
							⊢	3. Date Incorporate		12 114 11 110 1		
	$\Lambda$							10/27/1951	a or agained			
2 Dinainal D	Name of Business	2a. Mailing Ad	tdraes					4. FEI Number			I An	plied For
<del></del>	lace of Business	_ —	::::::::::::::::::::::::::::::::::::::					59-0662011	<del></del>			Applicable
21   26   Suite, Apt. #, etc.   1   Suite, Apt. #, etc.							-+				\$8.75	
22		27						5. Certificate of State	us Desired	□ N D.	Fee Re	quired
City & Stat		City & Sta	nte					6. Election Campaig		- NV	\$5.00	
23		28		<u> </u>				Trust Fund Conti			Added t	o Fees
Zip	Country	Zip	_	_ Cour	itry			8. This corporation				<b>⊠</b> N₀
24	25	29		10				Personal Propert			Yes	ZNVO
	9. Name and Address of Currer	nt Registered Age	nt		64			IO. Name and Addr	ess of New H	cegistereu A	gent	
	DICK THOMAS MICHAEL				81	Name		1				
EMERICK, THOMAS MICHAEL				ł	82	Street A	Address	(P.O. Box Number i	s Not Accepta	able)		
2217 7TH AVENUE				1				_A /// ~	4			
VER	O BEACH FL 32960			- 1	83			///// F	7			
				+	84	City	(	<del>/                                    </del>			85 Zip (	Code
				- 1	- 1	•				F <u>L_</u>		
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	02 and 607.1508, F of Florida. Such chations of Section 60	orida Statutes ange was aut 17.0505. Florid	s, the ab thorized da Statu	ove-r by th	named c ie corpoi	corpora ration's	tion submits this state board of directors. I	ement for the hereby accer	purpose of o ot the appoin	hanging its tment as re	registered gistered
	\											
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable.	(NOTE: F	Registered A	Agent s	ignature rec	quired wh	en reinstating)		DATE		
12.	OFFICERS AN	ND DIRECTORS		13.				ADDITIONS/CHA	NGES TO OF	FICERS ANI		
TITLE	PD		DELETE	1.1 TIT	LE						☐ Change	☐ Addition
NAME	EMERICK, THOMAS MICHAEL			1.2 NA	ME							
STREET ADDRESS	AA 400 0000 A 44 000			1.3 STF	REETAL	DDRESS		•				•
CITY-ST-ZIP	VERO BEACH FL			1.4 CIT	Y-ST-Z	ZIP (						
TITLE	ST		] DELETE	2.1 TIT	LE		~				Change	☐ Addition
NAME	EMERICK, BERNADETTE N.		_	2.2 NA	ME	\ \						
STREET ADDRESS			<u> </u>	2.3 STI	REETA	DDRESS						
CITY-ST-ZIP	VERO BEACH FL			2. 4 CI	TY-ST-	ZIP						
TITLE		Е	DELETE	3.1 TIT							Change	☐ Addition
NAME				3.2 NA	ME							
STREET ADDRESS				3.3 STI	REETA	DORESS						
CITY-ST-ZiP				3.4. CI	ry-st-	71P			_			
TITLE	<del>                                     </del>											
NAME			DELETE	4.1 111					- +		☐ Change	☐ Addition
STREET ADDRESS			DELETE	4.1 TIT 4.2 NA	LE						Change	☐ Addition
OINEEL MUUNESS			DELETE	4. 2 NA	VME VME						Change	☐ Addition
CITY OF TIP			DELETE	4. 2 NA 4.3 STI	LE ME REET A	DORESS					Change	☐ Addition
CITY-ST-ZIP				4. 2 NA 4.3 STI 4.4 CIT	LE ME REETA Y-ST-2	DORESS					☐ Change	☐ Addition
TITLE			DELETE	4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT	LE ME REET A Y-ST-2 LE	DORESS				/		
TITLE NAME				4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	LE REETA Y-ST-2 LE ME	DORESS ZIP						
TITLE NAME STREET ADDRESS				4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	LE  WE  REET A  Y-ST-2  LE  ME  REET A	DORESS ZIP DORESS						
TITLE NAME				4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	LE  ME  REETA  Y-ST-2  LE  ME  REETA  Y-ST-2	DORESS ZIP DORESS						

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 chapged, or on an attachment with an address, with an other like empowered.

6.2 NAME

☐ DELETE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP