2000 UNIFORM BUSINESS REPORT (UBR) FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # 222533 GROWERS HARDWARE CO. 05-31-2000 90047 042 ***150.00 Principal Place of Business Mailing Address 909 5TH ST. W. 909 5TH ST. W. PALMETTO FLA 34221-5019 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address <u>911 5</u>th St. W. 911 5th 5t. W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0865260 Palmetto. Palmetto Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANSON, JEAN Street Address (P.O. Box Number is Not Acceptable) 2118 6TH ST W PALMETTO FL 34221 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE MANSON, JEAN NAME NAME 2118 6TH ST W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE BRIDGMAN, DWAYNE NAME NAME STREET ADDRESS 716 MANATEE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ELLENTON FL 34222** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME MANSON, JEAN HAME STREET ADDRESS 2118 6TH ST W STREET ADDRESS CITY-ST-7IP PALMETTO FL 34221 CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: