FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 256864

(0)

QUALITY HARDWARE AND BUILDING SUPPLIES, INC.

Principal Place of Business Mailing Address									
4444 LAFAYETTE STR MARIANNA FL 32447 US		PO DRAWER 880 Marianna FL 32447-0880 US							
••		-				3. Date Incorporated or Qualified			leport
2. Principal Pla	ace of Hus noss	2a. Mailing Address				4. FEI Number			oplied For
1		26				59-0953547			ot Applicable
Suite Apt 1		Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee R	Additional equired
City & State	1	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
3 <u> </u> Z⊕	Country	28 Zip	Co	ountry		8. This corporation has liability for i			
4	25	29	30	,				No	i. 183.052,
21	9. Name and Address of Curren					10. Name and Address of New Re	gistered A	gent	
WIG	GINS, WALTER S			61	Name				
	4 LAFAYETTE ST			62	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	MANNA FL 32446		or other Ad			TOTAL CONTRACTOR TO THE PROPERTY			
				83					
				84	City			85 Zip	Code
					O., y		FL		
SIGNATURE	Eq., tur. typ. durprinstrue and insperied age OFFICERS AN		TE: Register		nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIBECTO	RS IN 12
Tillet	SD CATTOENS AND	DELETE		TITLE		TODITIONS/OFFICE TO OFFICE		Change	Addition
VAME	WIGGINS, REBECCA W			NAME	'				
TREET ADDRESS	402 N NOLAND ST				ADDRESS				
COY - \$1 - 71P	MARIANNA FL			CITY-5					
Tite .	PD	☐ DELETE		TITLE]	Change	Addition Addition
VAME:	WIGGINS, WLATER S		2.2	NAME		.***			
STREET ADDRESS	402 N NOLAND ST		2.3	STREET	ADDRESS				
C+TY + S1 - 70P	MARIANNA FL		2. 4	CITY-S	ST-ZIP				
TITLE	VD	L] DELETE	3.1	TITLE			l	Change	Addition
NAME	WIGGINS, WALTER S II		3.2	NAME					
STREET ADDRESS	4656 THE OAKS DR				ADDRESS				
0:1Y - \$1 - ZiP	MARIANNA FL	DELETE		CITY-S	S1 - ZIP			Change	Addition
IELE	VD Wiggins, Adarin Bryan		1	NAME			,	omingc	L Addition
NAMI COLOCI ADGRESS	2809 STUART ST				ADDRESS				
STHEET ACORESS COTY - ST- ZIP	MARIANNA FL			CITY-S					
Ultif	MUNICIPALITY 1 E	☐ DELETE		TITLE	1-217			Change	Addition
NAM{				NAME				·	* **
STREET ADORESS			5.3	STREET	ADDRESS				
OTY-SI-ZIP		i	¥ 5.4	CITY-S	T-ZIP				
THLE		DELETE	6.1	TITLE				Change	Addition
MAME				NAME	,				
STHEET ADDRESS			6.3	STREET	ADDRESS				
CITY-ST-7P				CITY-S					****
informatio Lans an ol	mind cated on this annual report or s	supplemental annual report is the receiver or trustee empo	true and wered to	dacci	urate and tha	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as	if made ur	nder oath; tha