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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 318283

1. Corporation Name

GEORGE'S HARDWARE, INCORPORATED

Principal Place	e of Business	Mailing Address	Mailing Address		1100100 1110111111111111111111111111111		1217 01011 7001
9424 WEST UNIVERSITY AVENUE		3424 WEST UNIVERSITY AVENUE GAINESVILLE FL 32607					
GAINESVILLE FL 32607				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					06/30/1967		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
1		26		59-1169282	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-]	\$8.75 A	Additional	
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & State	В	City & State		6. Election Campaign Financing	\$5.00	May Be	
3		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current y		_
4	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
050	DOE DODERT		81	Name			
	RGE, ROBERT L		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	NW 132ND ST						·
GAIN	IESVILLE FL 32606		83	1			
			84	City		85 Zip C	Code
				'	poration submits this statement for the purp	FL "	
SIGNATURE	Signature, typed or printed name of registered agent	_ _	tered Age	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	ATE	RS IN 12
TITLE	P OFFICERS AND		I.1 TITLE	i	ADDITIONO/ON WIGHE TO OFF	☐ Change	Addition
	GEORGE,ROBERT L	_	1.2 NAME	1			_
NAME	6507 NW 132ND ST.			T ADDRESS			
STREET ADDRESS	GAINESVILLE FL	.	1.4 CITY-S	- 1			
CITY-ST-ZIP TITLE			2.1 TITLE	11-ZAF		☐ Change	Addition
NAME	GEORGE, KAY C	_	2.2 NAME				
STREET ADDRESS	ACAT AND JOANS OF			TADDRESS .	. يو ر		-
	GAINESVILLE FL		2. 4 CITY-5	1		•	
CITY-ST-ZIP TITLE	V		3.1 TITLE			☐ Change	☐ Addition
NAME	GEORGE, BRIAN S		3.2 NAME				
STREET ADDRESS	6507 SW 13 ST		3.3 STREE	TADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-9	ST-ZIP			
TITLE	V		1.1 TITLE			☐ Change	☐ Addition
NAME	ABNER, PAMULA F.		4. 2 NAME				
STREET ADDRESS		į.	4.3 STREE	T ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL	1	4.4 CITY-5				
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
πLE			6.1 TITLE			☐ Change	☐ Addition
NISTE	I		62 NAME				

6.3 STREET ADDRESS

6.4 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 truetee 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

REQUIRED SIGNATION REQUIRE

TURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90073 040 ***150.00