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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| WEE | KS HARDWARE INC | 78 (3) | | | | 141 JAN 11811 11811 | 81811 8 1814 8 1811 81811 18 |
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| Principal Plac | ze of Business | Mailing Address | | | | 101 18 11 1111 111 11 | 81814 81811 81811 81811 1 8 |
| Principal Place of Business 115 NORTH MAIN ST P.O. BOX 126 BROOKSVILLE FL 34601 | | 115 NORTH MAIN ST P.O. BOX 126 BROOKSVILLE FL 34601 | | Date Incorporated or Qualified | 3a. Date o | f Last Report | |
| | | | | | 10/31/1969 | | 01/1995 |
| 1 | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| Suite, Apt | | Suite, Apt. #, etc. | | | 59-1277617 | | Not Applicat \$8.75 Additional |
| 2 | , | 27 | | | 5. Certificate of Status Desired | | Fee Required |
| City & Sta | te | City & State | | | 6. Election Campaign Financing | | \$5.00 May Be |
| 3 | | 28 | T - 2 | | 1rust Fund Contribution | | Added to Fees |
| Zp | Country 25 | Z _i p | Country 30 | y | 8. This corporation has liability for Florida Statutes | rintangible tax i s = []] No | under s. 199.032, |
| 11 | 9. Name and Address of Cur | | 1301 | | 10. Name and Address of New | | ent |
| | | | 81 | Name | | · ••• ¥ | |
| WEEK: | S,JOSEPH | | 82 | Street Add | Iress (P.O. Box Number is Not Accepta | ble) | |
| 115 N | MAIN ST. | | | | Street Address (r. o. box nomoer is not Acceptable) | | |
| BROO | KSVILLE FL 34601 | | 83 | | | | |
| | | | 84 | City | | | 85 Zip Code |
| | | | | <u> </u> | pration submits this statement for the pu | FL | |
| 10 | | | | poration's boa | ard of directors. I hereby accept the app | Jointinent as re | g stored agent. Tann |
| | Signature, typical or printed name of registered a | gent and title if appricable (NC | 1t Registered Age | | and of directors. Thereby accept the app | DATE | |
| 2. | Signature, typical or printed name of registered a OFFICERS | ngent and title if applicable (NC AND DIRECTORS | 01t Registered Age | nt signature receire | | DATE FICERS AND D | IRECTORS IN 12 |
| 2. | Signature, Ispacial or product name of registered a OFFICERS PD | gent and title if appricable (NC | 13. | nt signature receire | od whon reinstatugi | DATE FICERS AND D | |
| I.Z. ITLE | Signature, typical or printed name of registered a OFFICERS | ngent and title if applicable (NC AND DIRECTORS | 13. 1 1 THLE | nt signature receire | od whon reinstatugi | DATE FICERS AND D | IRECTORS IN 12 |
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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.

SIGNATURE: Quoch P. U.

PNES- 4/27/96_352 1964977