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

PROFN
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90125 046 ***150.00

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified

	OCUMENT.	#	368458
4	Corport tion Name		000.00

BRENTWOOD HARDWARE, INC.

Principal P ace of Business 3302 PEARL ST JACKSONVILLE FL 32206-2043 Mailing Address

3302 PEARL ST

JACKSONVILLE FL 32206-2043

			08/17/1970			
-2Principal Place of Business	2aMailing Addr	ress —	- 4-FEI Number	Applied For		
21	26		59-1309020	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #	, etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Cour try	Zip 29	Country 30	This corporation owes the current year Persor al Property Tax.	ar ntangible ☐ Yes □ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			

Name

Name

Street Ac dress (P.O. 80) Number is Not Acceptable)

Acksonville FL 32206

City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATUF E	Signature, typed or printed name of registered agent and title if applicable.	(NOT E: Reg	gistered Agent signature re	qi ired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	S DEL	ETE :	1.1 TITLE			Change_	Addition	
NAME	PAFFORD, MAMIE IRENE	· I	1.2 NAME					
STREET ADDRESS	15775 SAWPIT RD.		1.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL.		1.4 CITY-ST-ZIP					
TITLE	P\$ □ DEL	LETE	2.1 TITLE			Change	Addition	
NAME	HILL, MARVINE I		2.2 NAME					
STREET ADDRESS	15775 SAWPIT RD.	i	2.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FI.		2. 4 CITY-ST-ZIP					
TITLE	DEL DEL	ETE	3.1 TITLE			Change	☐ Addition	
NAME	HILL, CARL M.	1	3.2 NAME					
STREET ADDRESS	15775 SAWPIT RD.		3.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FI.		3.4. CITY-ST-ZIP					
TITLE	□ DEL	.ETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			43 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	□ DEL	LETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			52 NAME	,				
STREET ADDRE 3S			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	□ DEL	.ETE	61 TITLE			Change	Addition	
NAME			62 NAME					
STREET ADDRESS			6.3 STREET ADDRESS	 .			~	
CITY_ST_7ID			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 trustee empowered to execute this report as recuired 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

SIGNATI RE AND TYPED OFF RINTED WAME OF SIGNING OFFICE! OR DIRECTOR

4-15-99 (904) 353-0600 Date Dayline Phone #

CR2E034 (11/98)

Zip Code