

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 387277 (7)**

1. Corporation Name  
**BABE'S HARDWARE, INC.**



Principal Place of Business  
**450 N. INDIANA AVENUE  
ENGLEWOOD FL 34223  
US**

Mailing Address  
**140 MIAMI AVE E.  
VENICE FL 34285-2406  
US**

3. Date Incorporated or Qualified  
**08/23/1971**

3a. Date of Last Report  
**02/13/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1479730</b>		Applied For <input type="checkbox"/> Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ISPHORDING, ROGER  
333 S. TAMiami TR.  
VENICE FL 34285**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, M.M.		1.2 NAME	
STREET ADDRESS	118 SUNAIRE TERR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CITY-ST-ZIP	
TITLE	DST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, PATRICIA		2.2 NAME	
STREET ADDRESS	118 SUNAIRE TERR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275		2.4 CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, JOSEPH P.		3.2 NAME	
STREET ADDRESS	1218 VERMEER DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275		3.4 CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, MICHAEL		4.2 NAME	
STREET ADDRESS	405 FAUN RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 1996

1-941-488-6074

CR2E034 (12/95)