## 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

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90059 001 \*\*\*158.75

## DOCUMENT # 387277 1. Corporation Name

BABE'S HARDWARE, INC.

Principal Place of Business Mailing Address						( (BROW ING) ISKI (BBIS ING) (BBN 1827 BIST AVEN BIST AV			
450 N. INDIANA	AVENUE	140 MIAMI AVE E.	AMI AVE E.			,			
ENGLEWOOD F	L 34223	VENICE FL 34285-2406				DO NOT IMPLIE IN THIS SPACE			
US		US	US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						08/23/1971		- 1   4	
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number		$\vdash$	pplied For
21			26			59-1479730   Not Applicable			<del></del>
Suite, Apt. #, etc.		— <u> </u>	Suite, Apt. #, etc.			5. Certifcate of Status Desired	×		Additional equired
22			27			<del> </del>			·
City & State		— ·	City & State			6. Election Campaign Financing			May Be
23			28			Trust Fund Contribution			to Fees
Zip	Country		Zip Country			8. This corporation owes the current		ngible XYes	□No
24	25					Personal Property Tax. Yes LINO  10. Name and Address of New Registered Agent			
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Re	gistered A	gent	
ICDL	ADDING BACED		ľ	ا'°	Name	•			ŀ
	ORDING,ROGER		82 Street Ad			ess (P.O. Box Number is Not Acceptab	le)		
	VENETIA BAY BLVD								
VEN	CE FL 34292		83						
			}	84	City			85 Zip	Code
			- 1		•	oration submits this statement for the p	FL		
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statu	tes.		on's board of directors. I hereby accept			
	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·		Agent s	ignature required	d when reinstating)	DATE	DIDECT	000 11 12
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITL		Ì			Change	
NAME	DALTON, M.M.		1.2 NA						
STREET ADDRESS	118 SUNAIRE TERR.		1.3 ST		DDRESS				
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CIT		ZIP				C Addison
TITLE	501		21 TITL	LE				Change	Addition
NAME	DALTON, PATRICIA		2.2 NAME			•			
STREET ADDRESS	118 SUNAIRE TERR.		2.3 STF	2.3 STREET ADDRESS		عائمي الرابي والاستعادية	-	~ ~	-
CITY-ST-ZIP	101107110		2. 4 CIT	Y-ST-	ZIP				
TITLE	V	☐ DELETE	3.1 TITLE		1			☐ Change	☐ Addition
NAME	DALTON, JOSEPH P. 33		3.2 NA	3.2 NAME					
STREET ADDRESS	1218 VERMEER DR. 335		3.3 STF	REETA	DDRESS		,		
CITY-ST-ZIP	NOKOMIS FL 34275	OMIS FL 34275 34.		Y-ST-	ZIP				
TITLE	V	☐ DELETE	Ε. 4.1 TITLE					Change	Addition
NAME	DALTON, MICHAEL		4. 2 NA	ME					
STREET ADDRESS	405 FAUN RD.		4 3 STF	REETA	DDRESS				
CITY-ST-ZIP	VENICE FL 34293		4.4 CIT	Y-ST-	ZIP				· ]
TITLE	727	☐ DELETE	5.1 TITL					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STF	REETA	DORESS				1
			5.4 CIT	Y-ST-	ZIP				
CITY-ST-ZIP TITLE				.1 TITLE				Change	Addition
			6.2 NA					_ "	_
NAME					ODRESS				ļ
STREET ADDRESS			-						]
CITY-ST-ZIP			6.4 CIT	(-31-	ar				

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 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**