FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 10:06

DOCUMENT # 520590 (1)

1. Corporation Name
CLYDE HOWARD PAINT & HARDWARE, INC.

Principal Place of Business	Mailing Address
1882 SO DIXIE AVE P.O. BOX 337 VERO BCH FL 32961	1882 SO DIXIE AVE P.O. BOX 337 VERO BCH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1976
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1710571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HOWARD, CLYDE
1882 SOUTH DIXIE AVENUE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name: MARY R. HOWARD
82 Street Address (P.O. Box Number is Not Acceptable): 1882 DIXIE AVENUE
83
84 City: VERO BEACH FL 85 Zip Code: 32960

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: MARY R. HOWARD Mary R. Howard 3/14/95
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	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, MARY	1.2 NAME	
STREET ADDRESS	1882 SOUTH DIXIE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☑ Change ☐ Addition
NAME	HOWARD, CLYDE	2.2 NAME	HOWARD, CLYDE
STREET ADDRESS	1882 SOUTH DIXIE AVE	2.3 STREET ADDRESS	1882 DIXIE AVE
CITY-ST-ZIP	VERO BEACH, FL 00000	2.4 CITY-ST-ZIP	VERO BEACH, FL. 32960
TITLE	VMD	3.1 TITLE	☒ Change ☐ Addition
NAME	GREENE, MICHAEL D	3.2 NAME	PD GREENE, MICHAEL D
STREET ADDRESS	1882 SOUTH DIXIE AVE	3.3 STREET ADDRESS	1882 DIXIE AVE
CITY-ST-ZIP	VERO BEACH, FL 00000	3.4 CITY-ST-ZIP	VERO BEACH, FL. 32960
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE: Mary R. Howard MARY R. HOWARD 3/14/95 Date 407-562-2700 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0074067 CP