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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 548032

(2)

STEBBINS HARDWARE, INC. Principal Place of Business Mailing Address 405 E. NEW HAVEN AVE. 405 E. NEW HAVEN AVE. MELBOURNE FL 32901-4507 MELBOURNE FL 32801 3a. Date of Last Report 3. Date Incorporated or Qualified 09/30/1977 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1774389 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STEBBINS, GLORIA 434 BUFFALO STREET Street Address (P.O. Box Number is Not Acceptable) 82 WEST MELBOURNE FL 32904 83 84 City Zin Code 11. Pursuant to the previsions of Soctions 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS (96/6)13. ☐ Addition DELETE 1.4 TITLE Change TITLE STEBBINS, GLORIDA NAME 1.2 NAME 434 BUFFALO STREET 1.3 STREET ADDRESS STREET ADDRESS W. MELBOURNE FL 1.4 CITY-ST-ZIP CITY - ST- ZIP DELETE 2.1 TITLE **X** Change Addition STEBBINS, KENNETH 2.2 NAME NAME)811 YOUNG AVE NW. 1021 POPE ST., NW 2.3 STREET ADDRESS STHEET ADDRESS PALM BAY FL PALM BAY, FL. 2.4 CITY - \$T - ZIP CITY-ST-7IP DELETE Addition 3.1 TITLE Change THE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - ST- ZIP CDY-ST-ZiP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST ZIP DELETE 5 1 TITLE Change Addition TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I do 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 inclicated 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - 7IP

TITLE

NAM

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

PRESIDENT 4/7/97 (40)723-

FILED

Apr 14 1997 8:00am

Secretary of State

0099988

Change

Addition