

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

**FILED**

**May 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 555575 (0)  
1. Corporation Name  
**SEFFNER HARDWARE & SUPPLY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 331 DR MLK BLVD W, PO BOX 155, SEFFNER FL 33584  
Mailing Address: 331 DR MLK BLVD W, PO BOX 155, SEFFNER FL 33584

3. Date Incorporated or Qualified: 12/19/1977

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: 59-1778398  
Applied For: Not Applicable  
6. 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
MCKINNEY, B.J.  
513 ANTHONY DRIVE  
BRANDON FL 33511

10. Name and Address of New Registered Agent  
81 Name: Wilkerson, Louie Frank Jr  
82 Street Address (P.O. Box Number is Not Acceptable): 3118 Buttercup Street  
83  
84 City: Seffner FL 33584 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: *Louie Frank Wilkerson* DATE: 5-14-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP	MCKINNEY, B.J. 513 ANTHONY DR BRANDON FL	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCKINNEY, B.J.		1.2 NAME:
STREET ADDRESS: 513 ANTHONY DR		1.3 STREET ADDRESS:
CITY-ST-ZIP: BRANDON FL		1.4 CITY-ST-ZIP:
TITLE: STD	MCKINNEY, VIRGIE 513 ANTHONY DR BRANDON FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCKINNEY, VIRGIE		2.2 NAME:
STREET ADDRESS: 513 ANTHONY DR		2.3 STREET ADDRESS:
CITY-ST-ZIP: BRANDON FL		2.4 CITY-ST-ZIP:
TITLE: V	WILKERSON, LOUIE FRANK JR PO BOX 245 N/A SEFFNER FL 33584	3.1 TITLE: DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WILKERSON, LOUIE FRANK JR		3.2 NAME:
STREET ADDRESS: PO BOX 245 N/A		3.3 STREET ADDRESS: 3118 Buttercup Street
CITY-ST-ZIP: SEFFNER FL 33584		3.4 CITY-ST-ZIP:
TITLE:		4.1 TITLE: Sec-Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: Sheila M. Wilkerson
STREET ADDRESS:		4.3 STREET ADDRESS: 3118 Buttercup Street
CITY-ST-ZIP:		4.4 CITY-ST-ZIP: Seffner FL 33584
TITLE:		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:		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 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.

SIGNATURE: *Louie Frank Wilkerson* DATE: 4/25/98 812-685-0411

CR2E034 (10/97)