

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
James B. Weaver
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # 572891

(0)

95 MAY 10 AM 10:35

HILLS HARDWARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated (or applied) 06/16/1978	3a. Date of Last Report 06/24/1994
4. FID Number 59-1859478	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. The corporation has liability for intangible tax under § 199.001, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business 2131 STIRLING RD FT. LAUDERDALE FL 33312	2a. Mailing Address 2131 STIRLING RD. FT. LAUDERDALE FL 33312
21. State Apt. # or 22	26. State Apt. # or 27
23. City & State 28	28. City & State 29
24. Zip 25	30. Zip 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERROTTO, RALPH I.
2131 STERLING ROAD
FT. LAUDERDALE, FL C 33312

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

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

Registered Agent's Signature (if registered agent is not the corporation)

Signature of Registered Agent (signature required when not the corporation)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	2. NAME	2. NAME	
STREET ADDRESS	3. STREET ADDRESS	3. STREET ADDRESS	
CITY, ST, ZIP	4. CITY, ST, ZIP	4. CITY, ST, ZIP	
TITLE	NAME	5. TITLE	☐ Change ☐ Addition
NAME	6. NAME	6. NAME	
STREET ADDRESS	7. STREET ADDRESS	7. STREET ADDRESS	
CITY, ST, ZIP	8. CITY, ST, ZIP	8. CITY, ST, ZIP	
TITLE	NAME	9. TITLE	☐ Change ☐ Addition
NAME	10. NAME	10. NAME	
STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	
CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP	
TITLE	NAME	13. TITLE	☐ Change ☐ Addition
NAME	14. NAME	14. NAME	
STREET ADDRESS	15. STREET ADDRESS	15. STREET ADDRESS	
CITY, ST, ZIP	16. CITY, ST, ZIP	16. CITY, ST, ZIP	
TITLE	NAME	17. TITLE	☐ Change ☐ Addition
NAME	18. NAME	18. NAME	
STREET ADDRESS	19. STREET ADDRESS	19. STREET ADDRESS	
CITY, ST, ZIP	20. CITY, ST, ZIP	20. CITY, ST, ZIP	

PAID
5-3-95
CL#5013

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.001 and 199.002, Florida Statutes. I further certify that the information included 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 in person. I am available on or after the date of this corporation or the filer's or filer's representative to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed, or on an addendum with an address.

SIGNATURE: *Ralph I. Perrotto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 305-989-7055