

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:56

DOCUMENT # **611992** (9)
1. Corporation Name
CLEARWATER BEACH TRU-VALUE HARDWARE, INC.

Principal Place of Business Mailing Address
439 POINSETTIA AVE. 439 POINSETTIA AVE.
CLEARWATER BCH FL 34630 CLEARWATER BCH FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/07/1979	3a. Date of Last Report 02/04/1994
4. FEI Number 59-1889714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent
SCHUTZENDORF, DUDLEY S.
439 POINSETTIA AVE.
CLEARWATER BEACH FL 34630

10. Name and Address of New Registered Agent
81 Name
Gregory H. Schutzendorf
82 Street Address (P.O. Box Number is Not Acceptable)
3542 Lake Highland Drive
83
84 City
Palm Harbor 85 Zip Code
FL 34683

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: *Gregory H. Schutzendorf* DATE: **5-25-95**
Signature, typed or printed name of registered agent and the # of shares. (NOTE: Registered Agent signature required when re-electing)

12. OFFICERS AND DIRECTORS	
TITLE	P/D/S/T
NAME	SCHUTZENDORF, DUDLEY S.
STREET ADDRESS	439 POINSETTIA AVE.
CITY - ST - ZIP	CLEARWATER BCH FL
TITLE	TDV
NAME	SCHUTZENDORF, GREGORY
STREET ADDRESS	439 POINSETTIA AVE.
CITY - ST - ZIP	CLEARWATER BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gregory H. Schutzendorf
13 STREET ADDRESS	3544 Lake Highland Drive
14 CITY - ST - ZIP	PALM HARBOR FL 34683
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 the 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: *Gregory H. Schutzendorf* DATE: **5-25-95** **813 4463349**
Signature typed or printed name of officer or director Date Telephone No.