

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90042 031 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 611992**

1. Corporation Name

**CLEARWATER BEACH TRU-VALUE HARDWARE, INC.**



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

Mailing Address  
**439 POINSETTIA AVE.  
 CLEARWATER BCH FL 34630**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/07/1979**

4. FEI Number  
**59-1889714**

Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21  
 Suite, Apt. #, etc.

26  
 Suite, Apt. #, etc.

**439 Poinsettia Ave.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23  
 City & State

28  
 City & State

**Clearwater Florida**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24  
 Zip Country

29  
 Zip Country

**33767**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**SCHUTZENDORF, GREGORY H  
 3542 LAKE HIGHLAND DRIVE  
 PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**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

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  DELETE  
**PDST**  
 NAME **SCHUTZENDORF, GREGORY H**  
 STREET ADDRESS **3544 LAKE HIGHLAND DRIVE**  
 CITY-ST-ZIP **PALM HARBOR FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **TDV**  
 STREET ADDRESS **SCHUTZENDORF, GREGORY**  
 CITY-ST-ZIP **439 POINSETTIA AVE.  
 CLEARWATER BCH FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SCHUTZENDORF** DATE **3/19/99** DAYTIME PHONE # **727-446-3349**

CR2E034 (1/98)