

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90019 049 ***150.00

DOCUMENT # 627488

1. Corporation Name

CHRISTENSEN HARDWARE SERVICES, INC.

Principal Place of Business

4053 PETERS ROAD
PLANTATION FL 33317
US

Mailing Address

4053 PETERS ROAD
PLANTATION FL 33317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1979

4. FEI Number

59-1919238

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. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CHRISTENSEN, ROBERT
4053 PETERS ROAD
PLANTATION FL 33317

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE P
NAME CHRISTENSEN, ROBERT
STREET ADDRESS 2175 NOVA VILLAGE DR.
CITY-ST-ZIP DAVIE FL

TITLE DST
NAME CHRISTENSEN, BARBARA
STREET ADDRESS 2175 NOVA VILLAGE DR.
CITY-ST-ZIP DAVIE FL

TITLE DVP
NAME CHRISTENSEN, CARY BLAKE
STREET ADDRESS 2175 NOVA VILLAGE DR.
CITY-ST-ZIP DAVIE FL

TITLE DAS
NAME SHREVES, CAROLL C
STREET ADDRESS 2175 NOVA VILLAGE DR.
CITY-ST-ZIP DAVIE FL

TITLE DAT
NAME CHRISTENSEN, KADA J
STREET ADDRESS 2175 NOVA VILLAGE DR.
CITY-ST-ZIP DAVIE FL

TITLE DAVP
NAME SHREVES, R TODD
STREET ADDRESS 2175 NOVA VILLAGE DR.
CITY-ST-ZIP DAVIE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12-

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4053 Peters Road
Plantation, FL 33317

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4053 Peters Road
Plantation, FL 33317

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DECEASED

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4053 Peters Road
Plantation, FL 33317

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4053 Peters Road
Plantation, FL 33317

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4053 Peters Road
Plantation, FL 33317

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:

Carroll C. Shreves

4-7-99

954-583-2558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)