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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 648654

ST. PETE BEACH HARDWARE, INC.

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90122 002 ***150.00



320 75TH A ST PETERBI	venue URG Beach FL 33706	320 75TH AVENUE ST PETERBURG BEACH FL 33706						aibil Billi(I	1831 81911 B1841 188
						DO NOT WR	STE IN THE	S SPACE	
					3. Date l	ncorporated or Qualifed		- ACE	
2. Principa	Place of Business					8/1979			
21	TIGOS OF BUSINESS	2a. Mailing Address				umber			
	nt # ata	26			50-10	59-1956124		\vdash	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	·			Not Applicable	
City & State		_ 27			5. Certifo	ate of Status Desired	. 🗆		5 Additional
<u> </u>	ate	City & State						Fee	Required
23		28			6. Electio	6. Election Campaign Financing \$5.00 May Be			
	Zip Country Zip			Country		und Contribution	_	Adde	d to Fees
24	25	29	29			orporation owes the curr	ent year Inf	tangible	
	Name and Address of Curren	t Registered Agent	130	——	Person	al Property Tax.		Yes	□No
		B.L. I. O. A. A. Gent		04 1	10. Name	and Address of New R	Registered	Agent	
TYS	ska, barbara e		1	81 Nai	me	· · · · · · · · · · · · · · · · · · ·			
320 75TH AVENUE			-	82 Street Address (P.O. Roy Number of Alice					
ST. PETERSBURG BEACH FL 33706			ľ	82 Street Address (P.O. Box Number is Not Acceptable)					<u> </u>
]	TELEGOORIG DEACH LE 33/06		1	83					
}			Ĺ	_					
				84 City				Toel 7	
11. Pursuan	t to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	20d 607 1500 Ft					FI		Code
office or	registered agent, or both, in the State of familiar with, and accept the obligation	f Florida, Such channe was a	es, the abo	ove-nam	ed corporation submits	this statement for the r	DUIDOSE of	changing i	e ragintared
	. 3	ons of, Section 607.0505, Flor	rida Statut	oy inecc es.	rporation's board of di	rectors. I hereby accept	the appoin	itment as i	egistered
SIGNATURE									_
12,	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ac	ent signatu	re required when reinstating)				
	OFFICERS AND	DIRECTORS	13.	,		NC(OUANGES = -	DATE		
TITLE	Τ	☐ DELETE	1.1 TITLE		ADDITION	NS/CHANGES TO OFF	ICERS AND) DIRECT	ORS IN 12
NAME	TYSKA, BARBARA E							☐ Change	☐ Addition
STREET ADDRESS	320 75TH AVE.		1.2 NAME						
CITY-ST-ZIP	ST. PETERSBURG BCH FL		1.3 STRE	ET ADDRES	is				
TITLE	p		1,4 CITY-	ST-ZIP	1				
NAME	'	☐ DELETE	2.1 TITLE		 				
_	TYSKA, BARBARA E		2.2 NAME					☐ Change	☐ Addition
STREET ADDRESS	320 75TH AVE.			ET ADDRES:	,				ľ
CITY-ST-ZIP	ST. PETERSBURG BCH FL				· ·				
TITLE	S	☐ DELETE	2. 4 CITY-	ST-ZIP					- 1
NAME	TYSKA, BARBARA E	C. DELETE	3.1 TITLE					Change	Addition
STREET ADDRESS	320 75TH AVE.		3.2 NAME				•	_ J.	
			3.3 STREET ADDRESS		<u>s</u>				1
CITY-ST-ZIP TITLE	ST. PETERSBURG BCH FL		3.4. C/TY-ST-Z/P						ŀ
İ		☐ DELETE	4.1 TITLE		 				
NAME			4. 2 NAME				[Change	☐ Addition
STREET ADDRESS									1
CITY-ST-ZIP			4.3 STREET	TADDRESS]		•		1
TITLE			4.4 CITY-S	T-ZIP					1
IAME .		☐ DELETE	5.1 TITLE					7 Change	D A d distant
			5.2 NAME		1	e · w	Ĺ	_ Change	☐ Addition
TREET ADDRESS		i	5.3 STREET	ADDRESS					. [
ITY-ST-ZIP			5.4 CITY-ST		<u> -</u>				·
ITLE .		☐ DELETE	6.1 TITLE		 	<u> </u>		_	ł
AME] Change	Addition
TREET ADDRESS			6.2 NAME					,	
TY-ST-ZIP			6.3 STREET	ADDRESS	*, *				1
4. I hereby cer	tifu that the info		6.4 CITY-ST	-ZîP		•]

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE THE AND TYPED OF PRINTED ALME OF SIGNING OFFICER OR DIRECT

1-29-99

(727)367-1959

CR2E034 (11/98)