

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:29

**DOCUMENT # F47498**

**(3)**

1. Corporation Name

**LUCKEN HARDWARE COMPANY, INC.**

Principal Place of Business

Mailing Address

**2820 NE 7 AVENUE  
POMPANO BCH. FL 33064**

**2820 NE 7 AVENUE  
POMPANO BCH. FL 33064**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**10/05/1981**

3a. Date of Last Report

**07/08/1994**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**59-2171894**

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 has liability for intangible tax under S. 193.012

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**LUCKEN, ROBERT A  
2820 NE 7 AVENUE  
POMPANO BCH. FL 33064**

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 607.1208, 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 Sections 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when replacing)

**6/15/95**

12. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | <b>PO</b>               |
| NAME           | <b>LUCKEN, ROBERT A</b> |
| STREET ADDRESS | <b>2820 NE 7TH AVE.</b> |
| CITY, ST, ZIP  | <b>POMPANO BCH FL</b>   |
| TITLE          | <b>V</b>                |
| NAME           | <b>LUCKEN, SUSAN L</b>  |
| STREET ADDRESS | <b>2820 NE 7TH AVE.</b> |
| CITY, ST, ZIP  | <b>POMPANO BCH FL</b>   |
| 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

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY, ST, ZIP  | <b>ZIP 33064</b>                                                             |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY, ST, ZIP  | <b>ZIP 33064</b>                                                             |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY, ST, ZIP  |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY, ST, ZIP  |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY, ST, ZIP  |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 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 193.012(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 this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attorney-in-fact with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**6/15/95**

**305-781-6544**