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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

THE HOME TRUE VALUE HARDWARE INC.

Mailing Address

FILED May 05 1998 8:00am Secretary of State



5324 MARINA DR. HOLMES BEACH FL 34217		5324 MARINA DR. Holmes Beach Fl 34217				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1982				
	ace of Business	2a. Mailing Address				4. FEI Number				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-2168266				
22		27			5. Certificate of Status Desired					
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Z ip 29		ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current	Registered Agent	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1982 4. FEI Number 59-2168266 Not Applicable Appl. #, etc. 5. Certificate of Status Desired Se.75 Additional Fee Required Fee							
	MINITE, ANTHONY P.			B1	Name					
481 BR/					Iress (P.O. Box Number is Not Acceptable)					
				83						
			ļ	84	City	EI	85	Zip Co	de	
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	Ol-ser									
Signature, typed or printed name of registered agont and title if applicable. (NOTE: Re 12. OFFICE'RS AND DIRECTORS							D DIBE	OTORS.	INI 12	
TITLE	VSD					ADDITIONS/CHANGES TO OFFICERS AN				
NAME	CAMINITE, CAROL A.		1.2 NAI	1.2 NAME						
STREET ADDRESS	4811 22 AVE. WEST		1.3 STREET AOD		ODRESS				l	
CITY-ST-ZIP	BRADENTON, FL 00000			1.4 CITY - ST - ZIP						
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NAME	CAMINITE, ANTHONY		2.2 NAI	2.2 NAME					1	
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NAME	CAMINITE, KIMBERLY			E i			L. Uli	ange (Addition	
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STREET ADDRESS			6.2 NAN 6.3 STR		NOBECC					
CITY-ST-ZIP	•		6.4 CITY		ı ı	•			•	
44 (6			0.4 (111	1 - 31-	CH _					

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.