Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90181 038 ***150.00

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

DOCUMENT # F71475

1. Corporation Name

THE HOME TRUE VALUE HARDWARE INC.

	·								
Principal Place of Business Mailing Address							i (901)39 (il) (900) (l)si: 8(8)) (900) and	A Gib ii Bibii Bibi i	E1811 81811 1941
5324 MARINA [DR.	5324 MARINA DR.							
HOLMES BEAC	H FL 34217	HOLMES BEACH FL 34217				DO NOT WRITE IN THIS SPACE			
						-	3. Date Incorporated or Qualifed		
						'	03/18/1982		ļ
2 Principal P	ace of Business	2a. Mailing Address					1. FEI Number	A	pplied For
2. Filliopai Fi	acc of Basilloss	26				}	59-2168266	N	lot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee R	equired	
City & Stat	9	City & State				6. Election Campaign Financing		May Be	
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	_	untry			B. This corporation owes the current year	Intangible Yes	□No
24	25	29	30	1			Personal Property Tax.		LINO
	9. Name and Address of Curren	nt Registered Agent		81	Name	1	0. Name and Address of New Registere	a Agent	
CAMINITE, ANTHONY P.					Name				
	22 AVE. WEST			82	Street Ac	ddress	(P.O. Box Number is Not Acceptable)		<u> </u>
	DENTON FL 34209			83	ļ				
רנוט	DENTON 1 E 04203			03]
				84	City			85 Zip	Code
				Ш	L		ion submits this statement for the purpose		e registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registere		it signature req	quired whe	n reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	VSD	DELETE	_	TILE			ADDITIONOLOGISTICO CO C. F. F. F. F. F. F.	☐ Change	
TITLE	CAMINITE, CAROL A.	_		1.2 NAME					}
NAME STREET ADDRESS	AGAA GO ANT MITOT				ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 00000	1		1.4 CITY-ST-ZIP					
TILE	PTD				2.1 TITLE			☐ Change	Addition
NAME	CAMINITE, ANTHONY	2			2.2 NAME				
STREET ADDRESS	****		2.3 9	TREET	ADDRESS				ļ
CITY-ST-ZIP	BRADENTON, FL 00000		2. 4	2. 4 CITY-ST-ZIP					
TITLE	VD	☐ DELETE		3.1 TITLE				☐ Change	Addition
NAME	CAMINITE, KIMBERLY			3.2 NAME					ĺ
STREET ADDRESS		3.		3.3 STREET ADDRESS					
CITY-ST-ZIP	BRADENTON, FL 00000			4. CITY-ST-ZIP				☐ Change	Addition
TITLE		☐ DEFELE			TITLE			☐ Orlange	, CAGOOOT
NAME	1			NAME				•	
STREET ADDRESS			1		T ADDRESS				
CITY-ST-ZIP		DELETE	_	ITY-S	1+211			Change	Addition
TITLE		OEEE IL		IAME	İ				
NAME CYBEST ADDRESS			1		TADDRESS				{
STREET ADDRESS CITY-ST-ZIP		i	5.4 (CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1	TILE				☐ Change	Addition
NAME 21 1	College College		6.2	AME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY+ST-ZIP