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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997 DIVISION OF CORPORATIONS				Scoreta	ay or S	iaco
7	MENT # F7561 FEED AND HARDWARE,						
Principal Plac	e of Business	Mailing Address			{	BIBIT BIBIT BIBIT BIBIT BIBIT	JANK IDAY
1956 HWY 98		P.O. BOX 409 HWY 98 LORIDA FL 33857-0409					
LORIDA FL 338 US	157	COMICK PE 33637-0408					
į					3. Date Incorporated or Qualified 04/08/1982	3a. Date of Last R 02/13/1996	eport
2. Principal P	hace of Business	2a. Mailing Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number	Ap	plied For
21	# ata	Suite, Apt. #, etc.			59-2218354	\$0.7E	of Applicable
Suite, Apt	#, etc.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	S8.75 /	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	
7 _(p)	Country	28 Zip	Country		Trust Fund Contribution	Added t	
24	25	29	30		This corporation has liability for Florida Statutes	intangible tax under s. Yes	. 199.032,
	9, Name and Address of Cur			··········	10, Name and Address of New Re		
	G, ALICE		81	Name			
	7 SW 37TH AVENUE		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
UKE	ECHOBEE FL 34974		83				
			84	65.		last at	0
				City		FL 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida State of Florida, Such change was	utes, the above	-named cor	poration submits this statement for the pation's board of directors. I hereby accept	surpose of changing it	s registered
agent La	m familiar with, and accept the ob	ligations of, Section 607.0505, I	Florida Statutes	3.	and bears of anothere. The oby accept	у по арролинов до	Togistored
SIGNATURE	Suplative, typed or printed name of registered	arout and title it area cable. (N	OTF Registered Age	not signature requi	ired when reinstating)	DATE	
12.	المشريق والمستبعد بهريهم وأحالت المراز والمستبعد	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	and the second second	S IN 12
THLE	PT	☐ DELETE 1.1				☐ Change	Addition
NAME	***************************************		1.2 NAME				
STREET ADDRESS	2147 SW 37TH AVENUE OKEECHOBEE FL		1.3 STREET	1			ļ
COTY-S7-70P TOTAL	VPS	DELETE	1.4 CITY - S 2 1 TITLE	T-ZIP		Change	Addition
NAME	AMILE CLASSICAL ARMS		2.2 NAME	}		,	
STREET ADDRESS	2147 SW 37TH AVENUE		2.3 STREET	ADDRESS			
City - St - ZiP	OKEECHOBEE FL		2. 4 CiTY - 9	ST-ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET				
CHY-S1-ZiP TITLE		DELETE	3.4. CITY-5	SI-ZIP		Change	☐ Addition
NAMÉ		•	4. 2 NAME	\		•	
\$THEFT ACORESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	it - ZIP			
T()) {		DELETE	5.1 THLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY - ST - ZIP TITUE		DELETE	5.4 CITY - S 6.1 TITLE	I-ZIP		Change	Addition
NAME		<u>—</u> , 24444	6.7 T) EC.				
STREET ADDRESS			6.3 STREET	ADDRESS			

6.4 CITY-ST-ZIP 14. I do horethy certify that the information supplied with this fiting 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 Brock 13 if granged, or on an attachment with an address.

SIGNATURE:

QUITIDOHN ALAN MENO 3/24/97

941-655-1317

FILED

Mar 28 1997 8:00am

Secretary of State