

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G25787** (4)
1. Corporation Name
BOB'S HAND-MART, INC.

Principal Place of Business
**2950 N. WASHINGTON BLVD.
SARASOTA FL 34254-6250**

Mailing Address
**2661 MALL DRIVE
SARASOTA FL 34231**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1983	
21 Suite, Apt. #, etc.	26 2950 N. WASHINGTON BLVD.	4. FEI Number 59-2260448		Applied For Not Applicable	
22 City & State	27 SARASOTA, FL.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 34234-6250	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 FL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HARRIS RICHARD L. 2661 MALL DRIVE SARASOTA FL 34231		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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WHITMAN JERRY	1.2 NAME	WILLIS JR., WILLIAM D.
STREET ADDRESS	2536 BOUGAINVILLEA ST	1.3 STREET ADDRESS	2950 N. WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL. 34234-6250
TITLE	STD	2.1 TITLE	
NAME	WHITMAN, ROBERT	2.2 NAME	
STREET ADDRESS	2839 WEST MARK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WHITMAN BRIAN R.	3.2 NAME	
STREET ADDRESS	222 HUMBOLT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANYON CITY OR	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *William D. Willis Jr.* 5/19-98 941 351-2678

CR2E034 (10/97)