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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H00563

(7)

NEIGHBORHOOD HARDWARE, INC.

Principal Place % BENNY GAR 7203 CAUSEWA TAMPA FL 3361	CIA Y BLVD	Mailing Address * BENNY GARCIA 7203 CAUSEWAY BLVD. TAMPA FL 33619-5924	% BENNY GARCIA 7203 CAUSEWAY BLVD. TAMPA FL 33619-5924			3. Date Incorporated or Qualified 04/24/1984 02/20/1996			
 7	lace of Business	2a. Mailing Address 26				4. FEI Number 59-2400132			oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			,	5. Certificate of Status Desired		\$8.75	Additional
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip 29	30	intry		8. This corporation has liability for in Florida Statutes	ntangible Yes	tax under s	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	glatered a	Agent	
GARCIA, BENNY				81	Name				
7203 CAUSEWAY BLVD. TAMPA FL 33169				82	Street Address (P.O. Box Number is Not Acceptable)				
				83	· · · · · · · · · · · · · · · · · · ·				
				84	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.05 egistored agent, or both, in the Sta m familiar with, and accept the obli Signalure, typed or printed name of represental a	te of Florida. Such change was gations of, Section 607.0505, f	authorize Torida Sta	d by tutes.	the corporati	oration submits this statement for the p on's board of directors. I hereby accep ad when reinstating)	urpose of the app	changing it ointment as	is registered registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 1	TLE				Change	Addition
NAME	GARCIA, BENNY		1.2 N	AME					
STREET ADORESS	7203 CAUSEWAY BLVD.				ADDRESS				
CITY-ST-ZIP	TAMPA FL	DELETE	1.4 C	ITY-ST	-ZIP			Change	Addition
TITLE NAME		E Direct	2.1 H				1-	Car Olicingo	Addition
STREET ADDRESS					ADDRESS .		•		
CHY-SI-ZIP				XTY-\$1			41.		
TITLE		☐ DELETE	3.1 T			·		☐ Change	Addition
NAME			3.2 N	AME	ŀ	<u>.</u>			
STREET ADDRESS			3.3 \$	TREET A	ADDRESS		•		
CITY-S1-ZiP		L T DELETE		ITY-SI	r-ziP			TT Change	- Ledding
THILE		L_] DELETE	4.1 Ti 4.2 I					☐ Change	Addition Addition
NAME STREET ADDRESS			1		ADDRESS				
CITY-\$1-7IP				ITY-ST	1				
THE		DELETE	517				,	☐ Change	Addition
NAME			52 N	AME					
STREET ADDRESS			5.3 S	TREET	ADORESS				
CHTY - ST - ZIP				ITY-ST	- 2IP				
TITLE		☐ DELETE	6.17					Change	Addition
NAME OZOSKA ANORUSE			6.2 N		ADDRESS				

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

14. I do 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.

FILED

Feb 21 1997 8:00am

Secretary of State

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