

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15 1996 8:00 am
Secretary of State

DOCUMENT # H44893 (6)
1. Corporation Name

FLORIDA HARDWARE COMPANY

Principal Place of Business Mailing Address
436 CASSAT AVENUE 436 CASSAT AVENUE
P.O. BOX 6759 P.O. BOX 6759
JACKSONVILLE FL 32236 JACKSONVILLE FL 32236

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SADLER, LUTHER F. JR.
200 LAURA STREET
JACKSONVILLE FL 32201-7240

3. Date Incorporated or Qualified 3a. Date of Last Report
02/27/1985 05/01/1995

4. FEI Number Applied For
37-0889112 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name DONALD THIEMAN
82 Street Address (P.O. Box Number is Not Acceptable)
436 CASSAT AVE
83
84 City JACKSONVILLE FL 85 Zip Code 32254

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

Donald E. Thiemann

DONALD E. THIEMAN V.P. 1/17/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME THIEMAN, RALPH
STREET ADDRESS 436 CASSAT AVENUE
CITY - ST - ZIP JACKSONVILLE FL

TITLE DST ☐ DELETE
NAME THIEMAN, NORMA
STREET ADDRESS 436 CASSAT AVENUE
CITY - ST - ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME THIEMAN, DONALD
STREET ADDRESS 436 CASSAT AVENUE
CITY - ST - ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:

Ralph P. Thiemann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 904-783-1650
Date Date/Time Phone #

CR2E034 (12/95)