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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

H52026 DOCUMENT #

Corporation Name

BRINKER-BROWN FASTENER & SUPPLY, INC.

Principal Place of Business Mailing Address % WALTER KERR % WALTER KERR 11000 METRO PKWY. 11000 METRO PKWY. FT. MYERS FL 33912 FT. MYERS FL 33912 3. Date Incorporated or Qualified 04/12/1985 05/01/1995 Applied For Principal Place of Business % Jeffrey Braun C/o Jeffrey Braun 59-252 1988 Not Applicable 21 26 \$8.75 Additional 5. Certificate of Status Desired Fee Required 11351 Metro t 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032.
 Florida Statutes

IV Yes No 9. Name and Address of Current Registered Agent 24 10. Name and Address of New Registered Agent Name BROWN, JEFFREY J 82 Street Address (P.O. Box Number is Not Acceptable) 15291 RIVER BY RD. FT. MYERS FL 33908 83 City 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 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 Signature, types or printed name of registerer ages hallof the diagrations DATE iNDTE. Registered Ager Lagrature required when remetating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.111116 TITLE **BROWN, JEFFREY** NAME 15291 RIVER BY RD 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 1.4 CITY - ST - ZIP CITY - ST-ZIF DELETE Change Addition TITLE 2 1 THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-2IP 2.4 CHTY - \$1 - ZIP Addition DELETE 3 1 THILE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 2IF 3.4 CITY ST-ZIP DELETE Change Addition 4. 1 THILE TIFLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTy - S1 - ZIP CITY - ST - ZIP DELETE Addition Change TITLE 5 1 TITLE

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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 13 if changed, or on an attachment with an address

5.3 STHEET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIF

5.4 C(TY - \$1 - Z)P

6 1 TITLE 6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: JULY SIGNATURE: JEFFED HAME OF SIGNING OFFICER OR DIRECTOR TO Brown 4/5/96 941-939-3535

DELETE

Change

Addition

CR2E034