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

PROFIT CORPORATION ANN JAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

H79535

(1)

BAHR'S ALUMINUM & HARDWARE, INC.

									61 DIR DIN UT
Principal Place of Business Mailing Address									
37827 FOUNTAIN RD 37827 FOUNTAIN RD									
ZEPHYRHILLS	FL 33541	ZEPHYRHILLS FL 33541					T 60 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	-611	Dasad
						3. Date Incorporated or Qualified	3a. Date		
						10/07/1985 4. FEI Number		/11/1	Applied For
2. Principal Plac	e of Business	2a. Mailing Address	11	۱.	Blvd.	59-2572923		$\vdash$	Not Applicable
	1 Eiland Blva	1. 26 37827 E Suite, Apt. #, etc.	Han	<u>a</u>	Divu.			\$8.	75 Additional
Suite, Apt. #,	. etc.	27				5. Certificate of Status Desired			e Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
13		28				Trust Fund Contribution — Added to Fees			
Zip	Country	Zip	Cou	ntry		This corporation has liability for it     Florida Statutes  Yes	ntangible taa	( unde	s 199.032,
24	25	29	30			Florida Statutes Yes  10. Name and Address of New R	_	oent	<del> </del>
	9. Name and Address of Cur	rent Hegistered Agent		81	Name	10. Name and Address of New I	ogistoroo z	·goint	
				"					
MCALVANAH, THOMAS P.				82	Street Addres	ess (P.O. Box Number is Not Acceptable)			
303- EI HWY 54 WEST				83					
ZEPHYRI	HILLS FL 34248			63					
				84	City			85	Zip Code
						tion submits this statement for the put	poss of cha	noica	ts registered office
or registere familiar with	d agent, or both, in the State of Fig. and accept the obligations of, S	lorida. Such change was authorize section 607.0505, Florida Statutes	ed by the o	corpc	oration's board	of directors. I hereby accept the app	ointment as	registe	red agent. I am
SIGNATURE:	Signature, typed or printed name of registered a	igent and title if applicable (NO	11: Registered	d AgenI	signature required v	when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	STD	☐ DELETE	1 1 1	TITLE			U	Chan	ige 🔲 Addition
NAME	STONE, JAMES		1.2 N	AME					
STREET ADDRESS	37323 TEMPLE		1.3 S	TREET	ADDRESS				
CiTY-ST-ZIP	ZEPHYRHILLS FL		1,40		1 - ZIP			***	P22 4 100
TITLE	VD	☐ DELETE	2 1 1	HTLE	}	Chai		_ Char	nge Modition
NAME	STONE, PATRICIA		22 N	IAME					
STREET ADDRESS	37323 TEMPLE		23 S	TREET	ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL		2.4 0	ITY-5	T - ZIP				
TITLE	PD	☐ DELETE	3.11	TITLE	Ì			Char	nge
NAME	Bahr, Randall		3.2 h	IAME	ļ				
STREET ADDRESS	33255 TAMMY LANE		3 3. 5	STAFET	ADDRESS				
CITY-S1-ZIP	ZEPHYRHILLS FL			HY-S	T-ZIP			7.000	ana 🗖 Addition
TITLE	VD	☐ DELETE	4.1	TITLE			ι	Char	nge 🔲 Addition
NAMÉ	BAHR, SUZANNE		4.2 N	NAME					
STREET ADDRESS	33255 TAMMY LANE		4.3 \$	STREET	ADDRESS				
CITY - ST - ZIP	ZEPHYRHILLS FL			CITY-S	IT - ZIP			7.05-	FT Addition
TITLE		☐ DELETE		THLE			ļ	Cha	nge 🖺 Addition
NAME			521	NAME					
STREET ADDRESS			538	STREET	ADDRESS				
CiTY - ST - ZiP				CITY - S	51 - ZIP			<u> </u>	one Addition
THTLE		☐ DELETE	6.1	TITLE				Cha	nge 🗌 Addition
NAME				NAME					
STREET ADDRESS			63	STREET	ADDRESS				

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 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 cath; 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:

SIGNATURE:

SIGNATURE:

SIGNATURE No type or Printed NAME OF SIGNING OFFICEN OR DIRECTOR

SIGNATURE No type or Printed NAME OF SIGNING OFFICEN OR DIRECTOR

CR2E034 (12/95)