

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J43656

(4)

1. Corporation Name

MARION OAKS HARDWARE, INC.

**APPROVED
AND
FILED**

95 MAY -1 PM 2:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 261 MARION OAKS BLVD. 321 N.W. THIRD AVENUE OCALA FL 34473 US		Mailing Address C/O MICHAEL J. COOPER 321 N.W. THIRD AVENUE OCALA FL 32670	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/19/1986	3a. Date of Last Report 05/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2766499	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip 29	Country 30	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**COOPER, MICHAEL J.
321 N.W. THIRD AVENUE
OCALA FL 32670**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when consisting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SWITZER, JAMES M.	1.2 NAME	
STREET ADDRESS	5310 HINMAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOCKPORT NY	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☒ Change ☐ Addition
NAME	SWITZER, GLEN W..	2.2 NAME	
STREET ADDRESS	2309 S.W. 20TH CT.	2.3 STREET ADDRESS	140 SE 34 ST
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SWITZER, DOROTHEA W.	3.2 NAME	
STREET ADDRESS	5310 HINMAN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOCKPORT NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glen Switzer

4-28-95

DATE

904-347-1920