FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J53981** **(3)**

1. Corporate Name
ISLAND HARDWARE AND MARINE SUPPLY, INC.

Principal Place of Business
C/O ROBERT HAWKINS
3187 STRINGFELLOW BLVD. NW
ST JAMES CITY FL 33956
US

Mailing Address
C/O ROBERT HAWKINS
3187 STRINGFELLOW BLVD. NW
ST JAMES CITY FL 33956
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/22/1987**
3a. Date of Last Report: **06/06/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **59-2775970** — Applied For / Not Applicable

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

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

8. Does corporation has nothing for interrogatories under s. 607.0505 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HAWKINS, ROBERT H
3187 STRINGFELLOW BLVD NW
ST JAMES CITY FL 33956

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 Section [illegible] 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. The corporation certifies that the officers and directors have authorized the change of registered agent. I am familiar with the duties and responsibilities of the registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and conform to the provisions of Chapter 607 Florida Statutes.

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAWKINS, ROBERT H
STREET ADDRESS	3187 STRINGFELLOW BLVD.
CITY, ST, ZIP	ST JAMES CITY FL
TITLE	ST
NAME	HAWKINS, COLETTE G
STREET ADDRESS	3187 STRINGFELLOW BLVD
CITY, ST, ZIP	ST JAMES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, or amended and filed, is true and maintained on file for a period of two years. I further certify that the information contained in the annual report or supplemental annual report is true and correct and that my signature shall bear 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 above, or on an attached sheet, with an address.

SIGNATURE: Colette Gratton-Hawkins Colette Gratton-Hawkins 4-28-95 813-283-8998
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0412990 FP