SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -3 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J79862** **(5)**

1. Corporation Name
MACKE HARDWARE, INC.

Principal Place of Business	Mailing Address
1310 EAST AVE N SARASOTA FL 34237 US	1310 EAST AVE N SARASOTA FL 34237 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1987**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21 **4612 WATKINS AVE**
22 Suite, Apt. #, etc.
23 City & State: **SARASOTA Florida**
24 Zip: **34233-1849** 25 County: **SARASOTA**

2a. Mailing Address
26 **4612 WATKINS AVE**
27 Suite, Apt. #, etc.
28 City & State: **SARASOTA Florida**
29 Zip: **34233-1849** 30 County: **SARASOTA**

4. FEI Number: **65-0010103** ☐ 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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOTT, RONALD R.
4379 WOODSMAN CHART
SARASOTA FL 34235

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: Ronald R. Scott DATE: 7-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STR	11 TITLE	☐ Change ☐ Addition
NAME	SCOTT, RONALD R.	12 NAME	
STREET ADDRESS	4379 WOODSMAN CHART	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	MACKE, STEPHEN D.	22 NAME	
STREET ADDRESS	4612 WATKINS AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	MACKE, STEPHEN D.	32 NAME	
STREET ADDRESS	4612 WATKINS AVENUE	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(i), 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: Stephen D. Macke STEPHEN D. MACKE 7-28-95 1-941-924-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110705 CP