

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L34957** (5)

1. Corporation Name

ST. PETE PAINT AND HARDWARE, INC.



Principal Place of Business

**5401 CENTRAL AVE.
P. O. BOX 13068
ST. PETERSBURG FL 33733**

Mailing Address

**5401 CENTRAL AVE.
P. O. BOX 13068
ST. PETERSBURG FL 33733**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

25

30

9. Name and Address of Current Registered Agent

**RUMMEL, H.E.
5401 CENTRAL AVE.
ST. PETERSBURG FL 33710**

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 607.0507 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE **H. E. Rummel**

4/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	RUMMEL, H. E.	
STREET ADDRESS	5401 CENTRAL AVE.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	VSD	☒ DELETE
NAME	RUMMEL, KATE N	
STREET ADDRESS	1682 OCEANVIEW DR.	
CITY - ST - ZIP	TIERRA VERDE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VSD	☒ Change ☐ Addition
NAME	NICHOLS, KATE	
STREET ADDRESS	1682 OCEANVIEW DR.	
CITY - ST - ZIP	TIERRA VERDE, FL	
TITLE	TD	☒ Change ☐ Addition
NAME	NICHOLS, KATE	
STREET ADDRESS	1682 OCEANVIEW DR.	
CITY - ST - ZIP	TIERRA VERDE, FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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 oath, that I am an officer or director of the corporation or the receiver or trustee or person 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 in an addition with an address.

SIGNATURE:
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 813 327-5111

CR2E034 (12/95)