

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90009 001 *2,200.00

DOCUMENT # L34957

1. Corporation Name
ST. PETE PAINT AND HARDWARE, INC.

Principal Place of Business
5401 CENTRAL AVE.
P. O. BOX 13088
ST. PETERSBURG FL 33733

Mailing Address
5401 CENTRAL AVE.
P. O. BOX 13088
ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1989

4. FEI Number
65-0162095

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 1201 1st Ave N.
Suite, Apt. #, etc.

2a. Mailing Address
26 PO BOX 13088
Suite, Apt. #, etc.

City & State
23 St. Petersburg, FL
Zip Country
24 33701 25 USA

City & State
28 ST PETERSBURG FL
Zip Country
29 33733 30 PINELLAS

9. Name and Address of Current Registered Agent

RUMMEL, H.E.
1682 OCEANVIEW DR
TIERRA VERDE FL 33715

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD ☐ DELETE
NAME NICHOLS, KATE
STREET ADDRESS 1682 OCEANVIEW DR.
CITY-ST-ZIP TIERRA VERDE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME NICHOLS, KATE
STREET ADDRESS 1682 OCEANVIEW DR.
CITY-ST-ZIP TIERRA VERDE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME RUMMEL, H E
STREET ADDRESS 1682 OCEANVIEW DR
CITY-ST-ZIP TIERRA VERDE FL 33715

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *H.E. Rummel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-99 727-895-7804
Date Daytime Phone #

CR2E034 (11/98)