

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014135 (7)

1. Corporation Name

FORT MC COY HARDWARE, INC.



Principal Place of Business

11520 COUNTY RD. 316
FT. MCCOY FL 32134

Mailing Address

11520 COUNTY RD. 316
FT. MCCOY FL 32134

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

HINE, GARY R
11520 COUNTY RD. 316
FT. MCCOY FL 32134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/28/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3155439

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06-07 and 607.15-09, 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 607.0508, Florida Statutes.

SIGNATURE

Gary Hine - Pres.

(Print Name and Title of Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

HINE, GARY R

STREET ADDRESS

11520 C.R. 316

CITY-STATE-ZIP

FT. MC COY FL 32134

TITLE

DVST

☐ DELETE

NAME

HINE, LAILA A

STREET ADDRESS

11520 C.R. 316

CITY-STATE-ZIP

FT. MC COY FL 32134

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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:

Gary Hine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Hine

352-235-2536

DATE

Day Month Year

CR2E034 (12/95)