PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000048683

ACE HARDWARE AT PINEDA, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90096 018 ***150.00



Principal Place of Business Mailing Address					1 188111411 18111 8211 8211 8311 8311		10106 1111 1001
		5970 N WICKHAM ROAD MELBOURNE FL 32940					
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					 Date Incorporated or Qualified 06/24/1994 		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Api	plied For
21		26			59-3263531	No	Applicable -
Suite, Apt.	#, etc	Suite, Apt. #; etc.		 		\$8.75 A	dditional
22	. :	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	e ·	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country 30	y	This corporation owes the current yes Personal Property Tax.		□No
24	25		30		10. Name and Address of New Regis		
	9. Name and Address of Curre	ur veðisreiga viðeur	81	Name	14. Harris and Madridge of Lines Hollie		
MAI	ONEY, RICHARD P		Ľ				
5970 N WICKHAM RD			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
1	BOURNE FL 32940		83				
			L		<u>, , , , , , , , , , , , , , , , , , , </u>		
	•		84	1		FL 85 Zip C	
		02 and 607,1508, Florida Statute	s, the abov	re-named corp	poration submits this statement for the purpo	ose of changing its	registered
11. Pursuant	to the provisions of Sections 607.00						
office or r	egistered agent or both in the State	e of Florida. Such change was au	itnorizea by ida Statute:	/ the corporat	tion's board of directors. I hereby accept the	appointment as reg	Jistered
office or n	registered agent, or both, in the State im familia. Wh. and accept the oblig	e of Florida. Such change was au	ida Statute:	/ the corporat	tion's board of directors. I hereby accept the	appointment as reg	jistered
office or n	egistered agent or both in the State	e of Florida. Such change was au ations of, Section 607.0505, Flori	da Statute:	, the corporat s.	non's poard of directors. I hereby accept the	ATE	Jistered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-28-99 467-727-3712 Date Daytime Phone #