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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000050088 (1)

1. Corporation Name
ALBEE HARDWARE, INC.



Principal Place of Business

4404 EAST TAMiami TRAIL
NAPLES FL 33962

Mailing Address

4404 EAST TAMiami TRAIL
NAPLES FL 34112-6722

3. Date Incorporated or Qualified
07/06/1994

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34112 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34112 Country

4. FEI Number

65-0503382

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

ALBEE, LYNN G
4404 EAST TAMiami TRAIL
NAPLES FL 33962

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

34112

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT

NAME ALBEE, LYNN G
STREET ADDRESS 4404 EAST TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

TITLE VS

NAME ALBEE, MARY
STREET ADDRESS 4404 EAST TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

TITLE TR

NAME MCCONNELL, JOHN
STREET ADDRESS 2202 TARPON RD.
CITY-ST-ZIP NAPLES FL

TITLE TR

NAME MCCONNELL, CLARA FAE
STREET ADDRESS 2202 TARPON RD.
CITY-ST-ZIP NAPLES FL

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-97

941-774-5555

CR2E034 (9/96)