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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90195 003 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000050088

1. Corporation Name
ALBEE HARDWARE, INC.

Principal Place of Business
**4404 EAST TAMiami TRAIL
NAPLES FL 34112
US**

Mailing Address
**4404 EAST TAMiami TRAIL
NAPLES FL 34112
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/06/1994

4. FEI Number
65-0503382

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBEE, LYNN G
4404 EAST TAMiami TRAIL
NAPLES FL 34112**

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 **PT** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE **VS** ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE **TR** ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE **TR** ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Lynn G. Albee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN G. ALBEE 2-10-99

Date

941 994-5555
Daytime Phone #

CR2E034 (11/98)