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FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000057388 (8)**

1. Corporation Name

**NUTS ABOUT BOLTS HARDWARE, INC.**



Principal Place of Business

Mailing Address

**2325 SEVEN SPRINGS  
NEW PORT RICHEY FL 34655  
US**

**2325 SEVEN SPRINGS BLVD.  
NEW PORT RICHEY FL 34655  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/02/1994**

4. FEI Number

**59-3263203**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALADA, MATTHEW  
2321 SEVEN SPRINGS BLVD.  
NEW PORT RICHEY FL 34655**

81 Name

**Margaret Halada**

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

**5022 Sunset Blvd**

83

**Port Richey FL**

84 City

**FL**

85

Zip Code

**34668**

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

**Margaret Halada**

**Margaret Halada**

DATE

Signature typed or printed name of registered agent and to be filled in if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

**PO  
NAME HALADA, MATTHEW  
STREET ADDRESS 5022 SUNSET BLVD.  
CITY-ST-ZIP PORT RICHEY FL 34668**

TITLE ☐ DELETE

**VSD  
NAME HALADA, MARGARET  
STREET ADDRESS 5022 SUNSET BLVD.  
CITY-ST-ZIP PORT RICHEY FL 34668**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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 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

CR2E034 (10/97)

**Margaret Halada 4-20-98**

**813-372-0751**