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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporatio	MENT # P95(OU GEORGE HARDWARE	000034160 (8 8 Garden Supply, 1	•				
					# 18 8) 8 8 18 8 18 18 18 18 18 18 18 18 18 18 18 1		
Principal Place	e of Business	Mailing Address			I HORINEON HAD HANDE BONIN EDAUL I	'BYNY OBIN' RRIBE HYNN ENEGH HYRIG BIRNY I	
6703 HWY 231 N PANAMA CITY FL 32404		6703 HWY 231 N PANAMA CITY FL 32404					
					3. Date Incorporated or Qualified 04/26/1995	3a. Date of Last Report	
Principal Place of Business Section 1		2a. Mailing Address 26		4. FEI Number 59-3316025	Applied I Not Appl		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition		
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May E	
Zip 24	Country 25	Z _I p 29	Country 30	/	8. This corporation has liability for Florida Statutes		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New F	tegistered Agent	
			81	Name			
WALTERS, BRYAN K			82	Street Ad	dress (P.O. Box Number is Not Acceptate	ole)	
	HWY 231 N MA CITY FL 32404		83				
FAINA	MA CITT FL 32404						
			84			85 Zip Code	
11. Pursuant to or register familiar wit	to the provisions of Sections 607.050 red agent, or both, in the State of Fic th, and accept the obligations of, Se	02 and 607.1508, Florida Statute orida. Such change was authorize	s, the above- od by the corp	named corp oration's bo	oration submits this statement for the pur pard of directors. I hereby accept the app	pose of changing its registered ointment as registered agent. I	d office l am
SIGNATURE	m, and assopt the congations of, op	otion our .0005, Florida Glatutes.				4/26/01	' n
	Signature, typod or printed name of registered age		E: Registered Ager	ni signature requi	ired when reinstating!	DATE	<u>v</u> _
12. TULE	Υ	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF		
NAME	D GELETE WALTERS, BRYAN K 6703 HWY 231 N		1. 1 TITLE	1	•	☐ Change ☐ Ado	dition
STREET ADDRESS			1.2 NAME	ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32404		1.3 STREET				
TITLE	D DELETE		1.4 CITY - S 2. 1 TITLE	11-214		☐ Change ☐ Add	dilion
NAME	MINITERS SUPPRIES		2.2 NAME			☐ Ollange ☐ Add	JIIOH
STREET ADDRESS	6703 HWY 231 N		2.3 STREET	ADDRESS			
C(1Y - ST - ZIP	PANAMA CITY FL 32404		2.4 CITY - S	T-ZIP			
TITLE	<u>−</u>		3 1 TITLE			☐ Change ☐ Add	dition
NAME			3.2 NAME				
STHEET ADDRESS	6703 HWY 231 N		3.3. STREET	ADDRESS			
CHY-ST-ZIP TITLE	PANAMA CITY FL 32404			T-ZIP			
NAME	D HOOD BORRIE O	☐ DELETE 4 1				☐ Change ☐ Add	dition
STREET ADDRESS	HOOD, BOBBIE C 6703 HWY 231 N		4 2 NAME				
CITY-ST-ZIP	PANAMA CITY FL 32404		4 3 STREET				
TITLE	17000MA 0111 1 E 32404	DELETE 5		1-ZIP		☐ Change ☐ Add	dition
NAME		5.2				☐ Change ☐ Add	naturi
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			54 CITY-S				
TITLE		DELETE	6 1 TITLE			☐ Change ☐ Add	dition
NAME			€ 2 NAME				
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY-ST-ZIP	v certify that the information supplied	1 10 N 1 60 1	6 4 CITY-SI	r-ZiP			
Test 1 DETERMINE			نتلم لمميم تمميم		to the control of the		

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 changing, or eq an attachment with an address.

SIGNATURE:

an K. Walters 4/25/96 (904)769-3695