

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 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 # P95000051759 (5)

1. Corporation Name

NORTHWEST BUILDERS HARDWARE OF SOUTH FLORIDA, IN
C.



Principal Place of Business

9501 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610

Mailing Address

9501 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610-5925

3. Date Incorporated or Qualified

07/05/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3324407

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 7439 E. Hillsborough Ave

Suite, Apt. #, etc.

22 Suite 110

City & State

23 Tampa, FL

Zip

24 33610

Country

25 Hillsborough

2a. Mailing Address

26 7439 E. Hillsborough Ave.

Suite, Apt. #, etc.

27 Suite 110

City & State

28 Tampa, FL

Zip

29 33610

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

COFFILL, JOHN
3336 FOSRIDGE CIR
TAMPA FL 33618

10. Name and Address of New Registered Agent

B1 Name

Coffill, John

B2 Street Address (P.O. Box Number is Not Acceptable)

3336 Foxridge Circle

B3

B4 City

Tampa,

FL

B5 Zip Code

33610

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

TITLE DVP ☐ DELETE
NAME COFFILL, JOHN
STREET ADDRESS 9501 EAST HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA FL

TITLE DP ☐ DELETE
NAME WITT, GLENN
STREET ADDRESS 9501 EAST HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP ☒ Change ☐ Addition
1.2 NAME Coffill, John
1.3 STREET ADDRESS 7439 E. Hillsborough Ave
1.4 CITY-ST-ZIP Tampa, FL 33610

2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME Witt, Glenn
2.3 STREET ADDRESS 2059 Range Road
2.4 CITY-ST-ZIP Clearwater, FL 34625

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 #

4/26/97 813 621-0079

CR2E034 (9/96)