

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, INC.



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**

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**

4. FEI Number: **59-3324407**
 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
COFFILL, JOHN
3336 FOSSRIDGE 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFILL, JOHN	1.2 NAME	Coffill, John
STREET ADDRESS	9501 EAST HILLSBOROUGH AVENUE	1.3 STREET ADDRESS	7439 E. Hillsborough Ave
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	Tampa, FL 33610
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITT, GLENN	2.2 NAME	Witt, Glenn
STREET ADDRESS	9501 EAST HILLSBOROUGH AVENUE	2.3 STREET ADDRESS	2059 Range Road
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	Clearwater, FL 34625
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *John Coffill* **4/26/97** 813 621-0079
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)