FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P96000035157 (2) DOCUMENT # MESSANA HARDWARE, INC. Principal Place of Business Address 14362 CARLSON CIR TAMPA FL-33626 14362 CARLSON CIR TAMPA FC 33626 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1996 Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address P.O. BOX 852 Not Applicable 103 Douglas RD 59-3375421 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required # A 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be OIDSMAR DUPEDIN Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent 34697 30 USA Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 81 Name MESSANA, JAMIE L 103 DOUGLAS RD Street Address (P.O. Box Number is Not Acceptable) **UNIT A** 83 OLDSMAR FL 34677 84 Zip Code ons 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in the obligations of Section 607 0505, Florida Statutes. 11. Pursuant to the provision office or registered age. agent. I am temiliar v **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **OFFICERS AND DIRECTORS** 12. 13. DELETÉ Change Addition 1.1 TITLE TITLE MESSANA, JAMIE L 1.2 NAME NAME 14362 CARLSON CIR 1.3 STREET ADDRESS STREET ADDRESS Tampa FL 33626 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE SCHLOSSER, RON 2.2 NAME NAME 14362 CARLSON CIR STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33626 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in 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 object or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ı suppli I hereby certify that the information indicated on this annual report quality supple officer or director of the corpor Block 12 or Block 13 if change

2/1/00

A12 455//10

6.1 TITLE

6.2 NAME

6.3 STREET ADORESS 6.4 CITY-ST-2IP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP