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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90170 019 ***150.00

DOCUMENT # P96000045189

1. Corporation Name

FAMILY	HARDWARE OF CAPE CO	ORAL, INC.						
Principal Place	e of Business	Mailing Address			- (IND HOR) IND HOLLD BLUE BOLEN BOLEN		BI (BIND 18 81 1881	
622 SE 47TH T		622 SE 47TH TERR						
		CAPE CORAL FL 33904			DO NOT WRITE	IN THIS SPACE		
US US				Date Incorporated or Qualified	IN THIS SPACE			
					05/21/1996		Į	
2 Principal P	Mana of Rusinoss	2a. Mailing Address			4. FEI Number		Applied For	ĺ
2. Principal Place of Business		— ř	26		65-0673237	 	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			- \$8.75	Additional	
22		27	27		5. Certifcate of Status Desired		Required	_
City & State		City & State			6. Election Campaign Financing	□ \$5.0°	0 May Be	
23		28	28		Trust Fund Contribution	Adde	d to Fees	
Zip Country		Zip	Zip Country		8. This corporation owes the current		_/	
24	25 29		30		Personal Property Tax. ☐ Yes ☑ No			
	9. Name and Address of Cur	rrent Registered Agent	81	T	10. Name and Address of New Re	gistered Agent		
TIED	MIE EDWADD W		61	Name				ĺ
Tisdale, Edward W 622 Se 47th Terr			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
CAPE CORAL FL 33904			83		· · · · · · · · · · · · · · · · · · ·			
CAF	E CONAL PL 33304		03	-				
			84	City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the p	urpose of changing i	ts registered	
office or n	registered agent, or both, in the Sta im familiar with and accept the sta	ate of Florida. Such change was autilizations of Section 607.0505, Florid	norized by la Statutes	the corporati	ion's board of directors. I hereby accept	the appointment as	registered	
SIGNATURE			367.2			4/19/14		1
SIGNATORE	Signature, typed or printed name of registered	-3		nt signature requir	ed when reinstating)	DATE	FODE IN 42	l
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECT		
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NAME	TODALE, EDITATE T		1.2 NAME					
STREET ADDRESS	0.25 0 / 11.01			TADDRESS				
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				T ADDRESS				
STREET ADDRESS				17001100				İ
CITY-ST-ZIP				ST_ 71D				
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ED TISONUS

FY/-547-6365