

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # **P96000061188 (4)**

1. Corporation Name

MAIN STREET HARDWARE, INC.



Principal Place of Business

**1209 U.S. ONE
SEBASTIAN FL 32951**

Mailing Address

**1209 U.S. ONE
SEBASTIAN FL 32958-4150**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/19/1996

3a. Date of Last Report

First Report

4. FEI Number

59 3393618

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

**MOORE, BOB
1209 U.S. ONE
SEBASTIAN FL 32951**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of the corporation's president, secretary, or authorized agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

11

NAME

STREET ADDRESS

CITY, ST, ZIP

DATE

NAME

STREET ADDRESS

CITY, ST, ZIP

DATE

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CITY, ST, ZIP

DATE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11

NAME

STREET ADDRESS

CITY, ST, ZIP

DATE

NAME

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CITY, ST, ZIP

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DATE

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:

Bob Moore, Pres.

Bob Moore

President

March 14, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0106952

CR2E034 (9/96)