

AMENDED

CORPORATION  
ANNUAL REPORT
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 SEP 10 PM 12:41

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Corporation Name <b>Main Street Hardware, Inc.</b>	DOCUMENT # <b>P 96000061188</b>
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Mailing Address	Principal Place of Business
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>7-19-96</b>		3a. Date of Last Report <b>03-20-97</b>	
2. Mailing Address 21 <b>1209 U.S. Highway #1</b>		2a. Principal Place of Business 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>Sebastian, FL</b>		City & State 28	
Zip 24 <b>32958</b>	Country 25 <b>USA</b>	Zip 29	Country 30
4. FEI Number <b>59-33931018</b>		Applied For Not Applicable	
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

81 Name <b>Michael P. Trockl</b>	85 Zip Code <b>32958</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1209 U.S. Highway One</b>	
83	
84 City <b>Sebastian</b>	85 State <b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

 SIGNATURE \_\_\_\_\_ R.A. \_\_\_\_\_ DATE **06-15-97**

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE <b>D, RA</b>	12 NAME <b>Bob Moore</b>	13 TITLE <b>P, D, RA</b>	14 NAME <b>Michael P. Trockl</b>	11 TITLE <b>P, D, RA</b>	12 NAME <b>Michael P. Trockl</b>	13 TITLE <b>P, D, RA</b>	14 NAME <b>Michael P. Trockl</b>
13 STREET ADDRESS <b>1209 U.S. Highway One</b>	14 CITY - ST - ZIP <b>Sebastian, FL 32958</b>	13 STREET ADDRESS <b>1209 U.S. Highway One</b>	14 CITY - ST - ZIP <b>Sebastian, FL 32958</b>	13 STREET ADDRESS <b>1209 U.S. Highway One</b>	14 CITY - ST - ZIP <b>Sebastian, FL 32958</b>	13 STREET ADDRESS <b>1209 U.S. Highway One</b>	14 CITY - ST - ZIP <b>Sebastian, FL 32958</b>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

President

06-15-97