

**CORPORATION  
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 OCT 19 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

MAIN STREET HARDWARE, INC.

DOCUMENT #

P 96000061188

Mailing Address

Principal Place of Business

1209 U.S Highway One  
Sebastian, Florida 32958

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
7-19-96

3a. Date of Last Report

2. Mailing Address

2a. Principal Place of Business

4. FEI Number  
59-3393618

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  
\$8.75 Additional Fee Required ☐

6. Election Campaign  
Financing Trust  
Fund Contribution ☐  
\$5.00 May Be  
Added to Fees

22 City & State

27 City & State

7. Nonprofit Exempt from \$138.75  
Supplemental Fee ☐

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Michael P. Trocki  
1209 U.S Highway One  
Sebastian, FL 32958

10. Name and Address of New Registered Agent

81 Name Anthony Franke  
82 Street Address (P.O. Box Number is Not Acceptable)  
1209 U.S. Highway One  
83  
84 City Sebastian FL 85 Zip Code 32958

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 607.0503 or 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

R.A.

DATE 10-01-98

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

12. OFFICERS AND DIRECTORS

1.1 TITLE P, D, RA  
1.2 NAME Michael P. Trocki  
1.3 STREET ADDRESS 1209 U.S Highway One  
1.4 CITY-ST-ZIP Sebastian, Florida 32958

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D, RA  
1.2 NAME Anthony Franke  
1.3 STREET ADDRESS 1209 U.S Highway One  
1.4 CITY-ST-ZIP Sebastian, FL 32958

2.1 TITLE T, D  
2.2 NAME Emil Franke  
2.3 STREET ADDRESS 1209 U.S. Highway One  
2.4 CITY-ST-ZIP Sebastian, FL 32958

3.1 TITLE  
3.2 NAME 100002670481--6  
3.3 STREET ADDRESS -10/22/98--01089--010  
3.4 CITY-ST-ZIP \*\*\*100.00 \*\*\*100.00

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(4), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(4) 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: *[Signature]* ANTHONY FRANKE

President

10-01-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MAIN STREET HARDWARE, INC.**  
**1209 US HIGHWAY ONE**  
**SEBASTIAN, FLORIDA 32958**  
**(561) 388-5585 PHONE**

October 16, 1998

The Secretary of State  
Amended Annual Report Division  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Change of Officers/Directors  
Registered Agent

Dear Sir/Madam:

Enclosed herewith is an Amended Annual Report to be filed immediately.

I am enclosing a check in the amount of \$100.00 to cover the cost of the same. If you calculate an overpayment, please file the above document deficiency and process a refund for said over payment. If there is a please hold onto the filing and call me collect at the above telephone number and I will arrange to pay the adjusted amount.

Please send me a copy of the recording to my attention at the above address.

Thanking you in advance,

I remain,

Sincerely yours,

*Anthony Franke* Pres.

Anthony Franke  
President

enclosures