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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029507 (5)

DAVIS ISLANDS HARDWARE, INC.

Principal Place of Business

FILED Feb 27 1998 8:00am Secretary of State

Mailing Address 241 E DAVIS BLVD 241 E DAVIS BLVD TAMPA FL 33606 TAMPA FL 33606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name HANEY, R. REID 101 E KENNEDY BLVD **B2** Street Address (P.O. Box Number is Not Acceptable) **SUITE 4100** 83 **TAMPA FL 33602** City 84 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 Horida. 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. __ Addition DELETE Change TITLE 1.1 TITLE LOWN, ANDREW N 1.2 NAME NAME 241 E DAVIS BLVD STREET ADDRESS 1.3 STREET ADORESS TAMPA FL 33606 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 21 TITLE Change TITLE NAME 2.2 NAME STREET ADORESS 23 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CiTY+ST-ZiP CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME **53 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change __ Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 trusted 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, ir on ah attachment with an address.

12/24/98 /813/25/0390