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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000025200**

Corporation Name

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90072 007 ***150.00

PINE CA	ASTLE HARDWARE, INC.											
Principal Place	e of Business	Mailing Addres	is .				: IUD)186	11.0 \$0103 18511 4011	# BEIN BEIN 7011	11 08: E 110 (1011)	AB) 23 188	
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						3.	Date Incorpo	orated or Qualit			***]
	•						03/12/199					
2. Principal P	Place of Business	2a. Mailing Add	iress			4.	FEI Number	35005	65	No	plied For t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			#, etc.			5.	Certifcate of	Status Desired	1 🗆	\$8.75 / Fee Re		
City & State City & State			Ð				Election Car Trust Fund (npaign Financi	ng 🗆	\$5.00 Added 1		
Zip	Country	Zip	iw.	Country	-			tion owes the	current vear In		01003	
24	25	29	9 30				Personal Pr			Yes	⊠ No	
	9. Name and Address of Cu	rrent Registered Agent	1		-:-	10.	Name and	Address of Ne	w Registered	Agent		┨
C1 VI	NCY, JOSEPH D JR.			81	Name							
	O S. ORANGE AVENUE			82	Street A	ddress (P.	.O. Box Num	ber is Not Acc	eptable)			
	ANDO FL 32809			83	-	~				 .,		1
<u> </u>				84	City					85 Zip (Code	1
									<u>Fl</u>	_ ``.		1
11. Pursuant office or r	to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accorp the of	tate of Florida. Such cha	inga Statutes, inge was auth	orized by	the corpor	ration's bo	ard of direct	ors. I hereby a	ccept the appo	intment as re	gistered	
agent. I a	Land of Dlane	in J						10.7	DAYE	3/18/9	7	
SIGNATURE	Sygnature, tyged or printed name of registered	d sont and the if applicable.		gistered Agen		quired when re	einstating)		DATE	3/18/99	1	 <u>6</u>
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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.

SIGNATURE:

GNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Glaney, Ir

3/18/9 9

401 855 315/ Daytime Phone #