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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000076975

1. Corporation Name HODGES BLVD. ACE HARDWARE, INC.								
Principal Place of Business Mailing Address				{	BILLE PARES RECOL FOR	<b>BIO M</b> ILITA POPER EI	6861 <b>6</b> 141 1461	
1050 RIVERSIDE AVE. P. O. BOX 4550								
JACKSONVILLE FL 32201 JACKSONVILLE FL 32201					DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed			
					09/02/1998			}
Principal Place of Business     2a. 1	Mailing Address		_		4. FEI Number		Apr	olied For
26					59-3560736	•	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		<b>\$8.75</b> A	
22 27 27	City & State				6. Election Campaign Financing		\$5.00	<del>`                                    </del>
¬ • · · · · · · · · · · · · · · · · · ·					Trust Fund Contribution		Added to	, ,
			Country 8.		8. This corporation owes the cur	rent year Intai	ngible	
24 25 29					Personal Property Tax.			□No
9. Name and Address of Current Register	red Agent	T			10. Name and Address of New	Registered A	gent	
		81	Nam	е				
YONG, FRANK J			Stree	et Addre	ss (P.O. Box Number is Not Accept	able)		
1050 RIVERSIDE AVE.								
JACKSONVILLE FL 32201		83						
		84	City			FL	85 Zip C	ode
					tion automita this atatamant for the		honging its	ragistared
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 60 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of, 9</li> </ol>	Such change was authorized	ed by	tne co	rporation	's board of directors. I hereby acce	pt the appoint	tment as reg	pistered
SIGNATURE	(NOTE: Popula	and Ann	et eignatu	re required	when reinstating)	DATE		
Signature, typed or printed name of registered agent and title if a  12. OFFICERS AND DIRECT		3.	ni sigiratu	е тефпией	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE P/S/T & Director		TITLE	_				Change	Addition
NAME Roland S. Richardson		1.2 NAME		İ				
REET ADDRESS 10142 Windward Way North		1.3 STREET ADDRESS		38				}
CITY-ST-ZIP Jacksonville, FL 322	10142 Windward Way North Jacksonville, FL 32256		1.4 CITY-ST-ZIP					
TITLE	DELETE 2.11						Change	☐ Addition
NAME	2.2		2.2 NAME		-			
STREET ADDRESS	2.5	STREE	TADORES	ss	-			ļ
CITY-ST-ZIP		4 CITY-:	ST-ZIP			-		
TITLE	DELETE 3.	TITLE					☐ Change	☐ Addition
NAME	3.3	NAME						
STREET ADDRESS	3.3	STREE	T ADDRE	ss				
CITY-ST-ZIP		CITY-	ST-ZIP	<u> </u>			Change	- Addition
TITLE			4.1 TITLE				Change	Addition
NAME		2 NAME						
STREET ADDRESS			T ADORE:	58				. }
CITY-ST-ZIP		CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition )
TITLE	-	TITLE 2 NAME						
NAME	i i		T ADDRE	ss				
STREET ADDRESS  CITY-ST-ZIP			ST-ZIP					ĺ
	# A							

CITY-ST-ZIP 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 suppliemental 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 occiver or justed impowered 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 pattachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90242 020 \*\*\*150.00