FILED

DOCUMENT # P99000110368 1. Entity Name PARONETT'S HARDWARE, INC.						FILED May 18, 2000 8:00 am Secretary of State 05-18-2000 90340 039 ***150.00			
Principal Place of Business			Mailing Address			05-18-2000 9034	10 039 ***150.	00	
5300 S. U.S. HWY. 41 DUNNELLON FL 34432			5300 S. U.S. HWY. 41* DUNNELLON FL 34432						
DOINIZZEO II I			,***, · · · ·	1,		,			
2. Principal Place of Business			3. Mailing Address						
						, , , , , , , , , , , , , , , , , , , ,		MI 1811 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN			
City & State			City & State			FEI Number 59-3634399	├	plied For t Applicable	
Zip		ountry	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and	Address of Current Re	gistered Agent		7	Name and Address of New Registe			
				Name	Name				
	onett, Henry S. U.S. Hwy.		Street Address		Address (P.O. E	s (P.O. Box Number is Not Acceptable)			
DUN	NELLON FL 34	432		<i>'</i> .		-			
				City	FL Zip Code				
SIGNATURE Signature, typer Gyprinted name of Registered ag 9. This corporation is eligible to satisfy its Intangi Tax filling requirement and elects to do so. (See criteria on back)			bie FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00			10. Election Campaign Financin Trust Fund Contribution.		May Be	
		eccios de Anio Di	<u> </u>	12.		DDITIONS/CHANGES TO OFFICER:	S AND DIRECTOR	S INI 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARONETT, I	HWY. 41	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parone 5300	ett, Henry W Jr 5, US Hwy. 41 Won FL 34432	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUNNELLON	FL 34432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Conwo	iy Candace E S. U.S. Hwy 41 1100 FL 34432	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Parone 5300	ett John E 5, U.S. Hwy. 41 110n FC 34432	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parone 5300 S	HT Romald J S.L.S. HWY. 41 110n FL34432	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	☐ Addition	
TITLE	1		☐ Delete	TITLE			☐ Change	☐ Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

2000 UNIFORM BUSINESS REPORT (UBR)

350-489-3737

Daytime Phone #

CR2F034 (9/99)