

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

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S15539** (7)  
1. Corporation Name  
**GULF COAST HARDWARE, INC.**



Principal Place of Business <b>234 NORTHEAST RACETRACK ROAD FT. WALTON BEACH FL 32547</b>	Mailing Address <b>234 NORTHEAST RACETRACK ROAD FT. WALTON BEACH FL 32547</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>234 RACETRACK RD. N.E.</b> Suite, Apt. #, etc. 22 City & State 23 <b>FT. WALTON BEACH FL</b> Zip 24 <b>32547</b> Country 25 <b>USA</b>		<b>2a. Mailing Address</b> 26 <b>234 RACETRACK RD. N.E.</b> Suite, Apt. #, etc. 27 City & State 28 <b>FT. WALTON BEACH FL</b> Zip 29 <b>32547</b> Country 30 <b>USA</b>		<b>3. Date Incorporated or Qualified</b> <b>11/30/1990</b>	
<b>4. FEI Number</b> <b>59-3046473</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>WATSON, M. Y</b> <b>234 RACETRACK ROAD, NE</b> <b>FT. WALTON BEACH FL 32547</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOYETTE, WAYNE T.</b>		1.2 NAME	
STREET ADDRESS <b>234 NE RACETRACK ROAD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. WALTON BCH FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WATSON, M. YONGE</b>		2.2 NAME	
STREET ADDRESS <b>22 LONGWOOD DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SHALIMAR FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WATSON, M. YONGE</b>		3.2 NAME	
STREET ADDRESS <b>22 LONGWOOD DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SHALIMAR FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE:

*M. YONGE* 1/16/98 (pg.) 812-3169

CR2E034 (10/97)