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FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 243146 (8)

1. Corporation Name
TURNERS HARDWARE INC.



Principal Place of Business
**5827 ARLINGTON ROAD
 JACKSONVILLE FL 32211**

Mailing Address
**5827 ARLINGTON ROAD
 JACKSONVILLE FL 32211-5365**

3. Date Incorporated or Qualified
12/23/1960

3a. Date of Last Report
03/25/1996

4. FEI Number
59-0920806

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent
**TURNER, SHELBY L.
 5827 ARLINGTON ROAD
 JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____ DATE _____
Signature of person in control of registration and late fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P TURNER, SHELBY L.**

STREET ADDRESS **1926 OCEANFRONT**

CITY- ST- ZIP **NEPTUNE BEACH FL 32233**

TITLE DELETE

NAME **1VP TURNER, STEVEN G.**

STREET ADDRESS **6345 FERBER RD.**

CITY- ST- ZIP **JACKSONVILLE FL 32211**

TITLE DELETE

NAME **2VP TURNER, MICHAEL D**

STREET ADDRESS **1080 CREEKVIEW COURT**

CITY- ST- ZIP **JACKSONVILLE FL 32211**

TITLE DELETE

NAME **ST TURNER, MARY L**

STREET ADDRESS **1926 OCEANFRONT DR.**

CITY- ST- ZIP **NEPTUNE BEACH FL 32233**

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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 in an attachment with an address.

SIGNATURE: _____ DATE: **3/17/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE: _____

CR2E034 (9/96)