

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 586103 (4)

1. Corporation Name
UMATILLA HARDWARE, INC.



Principal Place of Business: 811 N.CENTRAL AVE. UMATILLA FL 32784
Mailing Address: 811 N.CENTRAL AVE. UMATILLA FL 32784

3. Date Incorporated or Qualified: 09/12/1978
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business: 21 811 N. CENTRAL AVE
22 Suite, Apt. #, etc.
23 City & State: UMATILLA FL
24 Zip: 32784
25 Country: USA
26 Mailing Address: 811 N. CENTRAL AVE
27 Suite, Apt. #, etc.
28 City & State: UMATILLA FL
29 Zip: 32784
30 Country: USA

4. FEI Number: 59-2452985
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent
CARTER, ROY C.
723 SUNRISE DR
EUSTIS FL 32726

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: FL

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARTER, ROY C.	
STREET ADDRESS	SUNRISE DRIVE LAKE JONNA	
CITY-ST-ZIP	EUSTIS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARTER, ROYCADE, JR.	
STREET ADDRESS	SUNRISE DRIVE LAKE JONNA	
CITY-ST-ZIP	EUSTIS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARTER, DELORIS P.	
STREET ADDRESS	SUNRISE DRIVE LAKE JONNA	
CITY-ST-ZIP	EUSTIS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILSON, DEEANN	
STREET ADDRESS	24517 SOUTHEAST HWY 450	
CITY-ST-ZIP	UMATILLA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, CHARLES	
STREET ADDRESS	24517 SOUTHEAST HWY 450	
CITY-ST-ZIP	UMATILLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Roy C. Carter Roy C. CARTER 4/13/96 6693411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)