FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

B-6483 NC

APPROVED AND FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000754 (1)

1. Corporation Name
FASTENAL COMPANY

Principal Place of Business
BOX 978
WINONA MN 55987

Mailing Address
BOX 978
WINONA MN 55987

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 41-0948415 — 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. Is corporation liable for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DEWEESE, DALE
1601 NORTH MAGNOLIA
OCALA FL 34470

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1994	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	GOSTOMSKI, MIKE	NAME	
STREET ADDRESS	534 RONALD AVENUE	STREET ADDRESS	
CITY, ST, ZIP	WINONA MN 55987	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	REMICK, JACK	NAME	
STREET ADDRESS	3232 FOX HOLLOW CT	STREET ADDRESS	
CITY, ST, ZIP	ROCHESTER MN 55902	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	MCCONNON, HENRY V	NAME	
STREET ADDRESS	1350 GREENWOOD CIRCLE	STREET ADDRESS	
CITY, ST, ZIP	STATE COLLEGE PA	CITY, ST, ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	KIERLIN, ROBERT	NAME	
STREET ADDRESS	RT 1	STREET ADDRESS	
CITY, ST, ZIP	WINONA MN 55987	CITY, ST, ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	SLAGGIE, STEPHEN	NAME	
STREET ADDRESS	219 WABASHA	STREET ADDRESS	
CITY, ST, ZIP	WINONA MN 55987	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate and does not exceed, for the compensation stated in Section 607.0505, Florida Statutes, the authorized number of shares of capital stock of the corporation. I further certify that I am an officer or director of the corporation or the agent for the corporation to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above with an office address.

SIGNATURE: PATRICK RICE 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

507-454-5974

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