

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000000754 (1)

1. Corporation Name

FASTENAL COMPANY



Principal Place of Business

**BOX 978
WINONA MN 55987**

Mailing Address

**BOX 978
WINONA MN 55987**

2. Principal Place of Business

2a. Mailing Address

21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**DEWEESE, DALE
1601 NORTH MAGNOLIA
OCALA FL 34470**

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 607.0507 and 607.1507, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURES:

Signature of the President or other officer or director

Signature of the Secretary or other officer or director

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GOSTOMSKI, MIKE	2. NAME	
STREET ADDRESS	534 RONALD AVENUE	3. STREET ADDRESS	
CITY-STATE-ZIP	WINONA MN 55987	4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D REMICK, JACK	6. NAME	
STREET ADDRESS	3232 FOX HOLLOW CT	7. STREET ADDRESS	
CITY-STATE-ZIP	ROCHESTER MN 55902	8. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCCONNON, HENRY V	10. NAME	
STREET ADDRESS	1350 GREENWOOD CIRCLE	11. STREET ADDRESS	
CITY-STATE-ZIP	STATE COLLEGE PA	12. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD KIERLIN, ROBERT	14. NAME	
STREET ADDRESS	RT 1	15. STREET ADDRESS	
CITY-STATE-ZIP	WINONA MN 55987	16. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD SLAGGIE, STEPHEN	18. NAME	
STREET ADDRESS	219 WABASHA	19. STREET ADDRESS	
CITY-STATE-ZIP	WINONA MN 55987	20. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-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 filing is not a duplicate of any report or filing on file with the state 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 a registered agent, and that my signature shall have the same legal effect as if made under oath, that my name appears in Block 12 or Block 13 if changed or a new appointment with a filer's office.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Controller
President

4/15/96
4/15/96

507-454-5374
City of Florida

CR2E034 (12/95)