

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 26 1997 8:00am  
 Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000754 (1)**  
 1. Corporation Name  
**FASTENAL COMPANY**



Principal Place of Business <b>BOX 978 WINONA MN 55987</b>	Mailing Address <b>BOX 978 WINONA MN 55987</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>02/16/1994</b>	<b>3a.</b> Date of Last Report <b>04/19/1996</b>
<b>4.</b> FEI Number <b>41-0948415</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**DEWEESE, DALE**  
 1801 NORTH MAGNOLIA  
 Ocala FL 34470

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>KEN NANCE</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>2714 W Silver Springs Blvd</b>
<b>83</b>	
<b>84</b> City	<b>Ocala FL</b>
<b>85</b> Zip Code	<b>34475</b>

In pursuance of 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]* **KEN NANCE** **7/31/97**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS:**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOSTOMSKI, MIKE</b>	
STREET ADDRESS	<b>534 RONALD AVENUE</b>	
CITY-ST-ZIP	<b>WINONA MN 55987</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REMICK, JACK</b>	
STREET ADDRESS	<b>3232 FOX HOLLOW CT</b>	
CITY-ST-ZIP	<b>ROCHESTER MN 55902</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCONNOR, HENRY V</b>	
STREET ADDRESS	<b>1350 GREENWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>STATE COLLEGE PA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KIERLIN, ROBERT</b>	
STREET ADDRESS	<b>RT 1</b>	
CITY-ST-ZIP	<b>WINONA MN 55987</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SLAGGIE, STEPHEN</b>	
STREET ADDRESS	<b>219 WABASHA</b>	
CITY-ST-ZIP	<b>WINONA MN 55987</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	<b>Treasurer</b>
<b>1.3</b> STREET ADDRESS	<b>DAN Florness</b>
<b>1.4</b> CITY-ST-ZIP	<b>461 Glenview Dr WINONA, MN 55987</b>
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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 on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *[Signature]*

CR2E034 (4/97)