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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **H29872 (9)**
 1. Corporation Name
HAGAN ACE HARDWARD OF MANDARIN, INC.

Principal Place of Business: **12548 SAN JOSE BLVD. JACKSONVILLE FL 32223**
 Mailing Address: **12548 SAN JOSE BLVD. JACKSONVILLE FL 32223**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
 21 [] 22 [] 23 [] 24 []
 Suite, Apt. #, etc. []
 City & State []
 Zip [] Country []

2a. Mailing Address
 25 [] 26 [] 27 [] 28 [] 29 [] 30 []
 Suite, Apt. #, etc. []
 City & State []
 Zip [] Country []

3. Date Incorporated or Qualified: **11/14/1984**
 3a. Date of Last Report: **03/31/1994**
 4. FEI Number: **59-2766531**
 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
**WALKER, JAMES V.
 4655 SALISBURY RD., SUITE 390
 JACKSONVILLE FL 32258**

10. Name and Address of New Registered Agent
 B1 Name []
 B2 Street Address (P.O. Box Number is Not Acceptable) []
 B3 []
 B4 City []
 B5 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAGAN, DONALD G.
STREET ADDRESS	594 GLASGOW CT.
CITY - ST - ZIP	ORANGE PARK FL
TITLE	SD
NAME	HAGAN, ANN B.
STREET ADDRESS	594 GLASGOW CT.
CITY - ST - ZIP	ORANGE PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Donald G. Hagan 3-16-95 276-5007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Year #