

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 # **K72439 (8)**

1. Corporation Name
BRONSON ACE HARDWARE, INC.



Principal Place of Business: **26 E. ORANGE AVE, 106 E MAGNOLIA AVENUE, EUSTIS FL 32726 US**
Mailing Address: **26 E. ORANGE AVE, 106 E MAGNOLIA AVENUE, EUSTIS FL 32726-3418 US**

3. Date Incorporated or Qualified: **03/10/1989**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business: **26 E ORANGE AVE**
2a. Mailing Address: **26 E ORANGE AVE**

4. FEI Number: **59-2935390**
Applied For: Not Applicable

21. Suite, Apt. #, etc. (blank)
27. Suite, Apt. #, etc. (blank)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **EUSTIS FL**
28. City & State: **EUSTIS FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32726** Country: **USA**
25. Zip: **32726** Country: **USA**

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. SR.
723 SUNRISE DRIVE
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARTER, ROY C.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ROY C.	1.2 NAME	
STREET ADDRESS	723 SUNRISE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	
TITLE	SD CARTER, DELORIS P.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, DELORIS P.	2.2 NAME	
STREET ADDRESS	723 SUNRISE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	
TITLE	VPD CARTER, ROY C. JR.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ROY C. JR.	3.2 NAME	
STREET ADDRESS	695 SUNRISE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	
TITLE	TD WILSON, DEE ANN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DEE ANN	4.2 NAME	
STREET ADDRESS	2309 ALICE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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** 4/17/96 323 63572366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)