


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 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000067611 (1)**

1. Corporation Name
FIVE LOWES, INC.



Principal Place of Business 2809 WINDSOR HEIGHTS STREET DELTONA FL 32738 US	Mailing Address 2809 WINDSOR HEIGHTS STREET DELTONA FL 32738 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1617 Elkcam Blvd Suite, Apt. #, etc. 22 City & State 23 Deltona Zip 24 32738		2a. Mailing Address 25 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 09/14/1994	3a. Date of Last Report 06/07/1996
				4. FEI Number 59-3270864	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. 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 LOWE, WILLIAM O. 2809 WINDSOR HEIGHTS STREET DELTONA FL 32738		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	
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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	<input type="checkbox"/> DELETE	11 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOWE, WILLIAM O'		12 NAME GENE LOWE	
STREET ADDRESS 2809 WINDSOR HEIGHTS STREET		13 STREET ADDRESS 1617 Elkcam Blvd	
CITY-ST-ZIP DELTONA FL		14 CITY-ST-ZIP Deltona, FL 32738	
TITLE STD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOWE, DAWN D.		22 NAME	
STREET ADDRESS 2809 WINDSOR HEIGHTS STREET		23 STREET ADDRESS	
CITY-ST-ZIP DELTONA FL		24 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVERHART, LARRY		32 NAME	
STREET ADDRESS 2888 BEAL ST.		33 STREET ADDRESS	
CITY-ST-ZIP DELTONA FL		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

William O. Lowe

CR2E034 (4/97)