

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

FILED

95 AUG -1 AM 11:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 155818 (8)

1. Corporation Name
STUART HARDWARE CO., INC.

Principal Place of Business 975 S FEDERAL HIGHWAY P.O. BOX 437 STUART FL 34995	Mailing Address 975 S FEDERAL HIGHWAY P.O. BOX 437 STUART FL 34995
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DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 08/27/1948	3a. Date of Last Report 04/20/1994
4. FEI Number 59-0589136	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GODBURN, GARY, P
2326 S.W. FRISCO TERR
PORT ST LUCIE, FL 34953**

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	COKER, THOMAS, W
STREET ADDRESS	975 SO FEDERAL HIGHWAY
CITY- ST- ZIP	STUART FL
TITLE	VD
NAME	COKER, MICHAEL D
STREET ADDRESS	975 S FEDERAL HIGHWAY
CITY- ST- ZIP	STUART FL
TITLE	PDS
NAME	KILLEN, AUDREY
STREET ADDRESS	975 S FEDERAL HIGHWAY
CITY- ST- ZIP	STUART FL
TITLE	VD
NAME	GODBURN, GARY, P
STREET ADDRESS	975 S FEDERAL HWY
CITY- ST- ZIP	STUART FL
TITLE	CD
NAME	COKER, BERNARD
STREET ADDRESS	975 S FEDERAL HWY
CITY- ST- ZIP	STUART FL
TITLE	D
NAME	BUCK, DWIGHT, L
STREET ADDRESS	975 S FEDERAL HWY
CITY- ST- ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COKER, THOMAS W.	
1.3 STREET ADDRESS	975 SO FEDERAL HIGHWAY	
1.4 CITY- ST- ZIP	STUART, FL	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COKER, MICHAEL D.	
2.3 STREET ADDRESS	975 SO FEDERAL HIGHWAY	
2.4 CITY- ST- ZIP	STUART, FL	
3.1 TITLE	RETIRED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KILLEN, AUDREY	
3.3 STREET ADDRESS	975 SO. FEDERAL HIGHWAY	
3.4 CITY- ST- ZIP	STUART, FL	
4.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GODBURN, GARY P.	
4.3 STREET ADDRESS	975 SO FEDERAL HIGHWAY	
4.4 CITY- ST- ZIP	STUART, FL	
5.1 TITLE	DECEASED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COKER, BERNARD	
5.3 STREET ADDRESS	975 SO FEDERAL HIGHWAY	
5.4 CITY- ST- ZIP	STUART, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(b), 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 addendum.

SIGNATURE: Gary Godburn **Gary Godburn** 7/28/95 407-288-3597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digital Page #

CR2E034 (3/95)