

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 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 # 155818 (8)

1. Corporation Name
STUART HARDWARE CO., INC.

Principal Place of Business 875 S FEDERAL HIGHWAY P.O. BOX 437 STUART FL 34995	Mailing Address 875 S FEDERAL HIGHWAY P.O. BOX 437 STUART FL 34995-0437
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1948	3a. Date of Last Report 04/22/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-0589136	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, THOMAS, W	1.2 NAME	
STREET ADDRESS	875 SO FEDERAL HIGHWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, MICHAEL D	2.2 NAME	
STREET ADDRESS	875 S FEDERAL HIGHWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODBURN, GARY, P	3.2 NAME	
STREET ADDRESS	875 S FEDERAL HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	3.4 CITY - ST - ZIP	
TITLE	VCTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, DWIGHT, L	4.2 NAME	
STREET ADDRESS	875 S FEDERAL HWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:  **4/21/97** **561-288-3597**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0471768

CR2E034 (9/96)