

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

FILED

Apr 16 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 # **413108** (2)

1. Corporation Name
HAGAN ACE HARDWARE OF ORANGE PARK, INC.

Principal Place of Business 529 KINGSLEY AVENUE ORANGE PARK FL 32073	Mailing Address 529 KINGSLEY AVE. ORANGE PARK FL 32073-4829 US
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/17/1972	3a. Date of Last Report 04/05/1996
4. FEI Number 59-1426212	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WALKER & KOEGLER - QUADRANT II SOUTHPONTE
10151 DEERWOOD PARK BLVD
BLDG 100 SUITE 200
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent
81 Name Stewart L. Hamrick
82 Street Address (P.O. Box Number is Not Acceptable) 1022 BLANDING BLVD.
83 City ORANGE PARK, FL 32210
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.002 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE
3/21/97


12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P HAMRICK, STEWART L
STREET ADDRESS	RT 4 BOX 99-1 N/A
CITY - ST - ZIP	CALLAHAN FL
TITLE	<input type="checkbox"/> DELETE
NAME	S HAMRICK, PEGGY H
STREET ADDRESS	RT 4 BOX 99-1
CITY - ST - ZIP	CALLAHAN FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HAGAN, DONALD G
STREET ADDRESS	594 GLASGOW CT.
CITY - ST - ZIP	ORANGE PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HAGAN, ANN B
STREET ADDRESS	594 GLASGOW CT.
CITY - ST - ZIP	ORANGE PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HAGAN, DONALD W.
STREET ADDRESS	RT 1 BOX 1615
CITY - ST - ZIP	CALLAHAN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **STEWART L HAMRICK** 1/14/97 904-264-0580

0015626

CR2E034 (9/96)