


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

FILED

May 09 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 # **428273** (7)

1. Corporation Name
ACE HARDWARE INC

Principal Place of Business 110 NW 10 ST P.O. BOX 143 OCALA FL 34478 US	Mailing Address 110 NW 10 ST P.O. BOX 143 OCALA FL 34478-0143 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1973	3a. Date of Last Report 03/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1463389		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	6. 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

**CAMP, GENE B.
110 N.W. 10TH STREET
OCALA FL 34470**

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

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	1.1 TITLE P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMP, KEVIN B.		1.2 NAME Gene B. Camp	
STREET ADDRESS 110 NW 10TH STREET		1.3 STREET ADDRESS 110 NW 10th Street	
CITY-ST-ZIP OCALA FL		1.4 CITY-ST-ZIP Ocala, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMP, GENE B.		2.2 NAME Kevin B. Camp	
STREET ADDRESS 110 NW 10TH STREET		2.3 STREET ADDRESS 110 NW 10th Street	
CITY-ST-ZIP OCALA FL		2.4 CITY-ST-ZIP Ocala, FL	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE T S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Patricia P. Camp	
STREET ADDRESS		3.3 STREET ADDRESS 110 NW 10th Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Ocala, FL	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 attached page with an address.

SIGNATURE: *[Signature]* **428-97 (352) 732-8060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)