

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 694792 (3)

1. Corporation Name

STRICKLAND'S IGA & ACE HARDWARE, INC.



Principal Place of Business

Mailing Address

NORTH HIGHWAY 20 NORTH  
P. O. BOX 98  
BRISTOL FL 32321

NORTH HIGHWAY 20 NORTH  
P. O. BOX 98  
BRISTOL FL 32321

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/01/1981

3a. Date of Last Report

06/23/1995

4. FEI Number

59-2173205

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

STRICKLAND, EDITH C.  
NORTH MAIN STREET  
BOX 98  
BRISTOL FL 32073

81 Name

Strickland, Edith C.

82 Street Address (P.O. Box Number is Not Acceptable)

North Main Street; State Road 20

83

84 City

Bristol

FL

85 Zip Code

32321

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: Edith C. Strickland

\*\*\* Agent \*\*\*

\*\*\* Registered Agent Signature Required when Reinstating \*\*\*

January 29, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

DELETE

1.1 TITLE

SD

NAME

STRICKLAND, EDITH C.  
NORTH MAIN ST, PO BOX 98  
BRISTOL, FL 00000

1.2 NAME

Strickland, Edith C.

STREET ADDRESS

1.3 STREET ADDRESS

North Main Street; State Road 20

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

Bristol, FL 32321

TITLE

DELETE

2.1 TITLE

PD

NAME

STRICKLAND, E HUDSON  
NORTH MAIN ST, PO BOX 98  
BRISTOL, FL 00000

2.2 NAME

Strickland, E. Hudson

STREET ADDRESS

2.3 STREET ADDRESS

North Main Street; State Road 20

CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

Bristol, FL 32321

TITLE

DELETE

3.1 TITLE

Change

Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

Change

Addition

TITLE

DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

Change

Addition

TITLE

DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

Change

Addition

TITLE

DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-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)(k), 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:

Edith C. Strickland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 1996 (904) 643-2336

DATE

Daytime Phone #

CR2E034 (12/95)