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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 827181 (9)

1. Corporation Name
LOWE'S HOME CENTERS, INC.

Principal Place of Business
HIGHWAY 268 EAST
NORTH WILKESBORO NC 28659

Mailing Address
HIGHWAY 268 EAST
NORTH WILKESBORO NC 28659



3. Date Incorporated or Qualified 12/07/1971
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		56-0748358		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	D KULYNCH, PETRO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREST HILLS	1.2 NAME	
STREET ADDRESS	WILKESBORO NC	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	PD HERRING, LEONARD G.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLEY PARK	2.2 NAME	
STREET ADDRESS	N WILKESBORO NC	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	D STRICKLAND, ROBERT L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	228 NORTH STRATFORD RD.	3.2 NAME	
STREET ADDRESS	WINSTON-SALEM NC	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	D ANDRES, WILLIAM A	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7583 SCHALL DRIVE	4.2 NAME	
STREET ADDRESS	COOK MN	4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	VCAO ELLEDGE, RICHARD D.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODFIELD MEADOW	5.2 NAME	
STREET ADDRESS	WILKESBORO NC	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V/Trea
STREET ADDRESS		6.3 STREET ADDRESS	Robert A. Niblock
CITY- ST- ZIP		6.4 CITY- ST- ZIP	208 Heathcliff Place

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, 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: Robert A. Niblock 3/4/97 910-658-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)