

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:42

DOCUMENT # **F86582** (6)

1. Corporation Name
BRYAN'S ACE HOME CENTER, INC.

Principal Place of Business	Mailing Address
HWY 100 PO BOX 548 KEYSTONE HEIGHTS FL 32656	HWY 100 PO BOX 548 KEYSTONE HEIGHTS FL 32656

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/23/1982	3a. Date of Last Report 04/06/1994
4. FEI Number 59-2208335	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**BRYAN, JOSEPH E.
RT 2 BOX 2956
MELROSE FL 32668**

10. Name and Address of New Registered Agent

81 Name	William B. Gibbs
82 Street Address (P.O. Box Number is Not Acceptable)	7290 Cooper Prairie Rd
83	
84 City	Keystone Hgts FL 85 Zip Code 32656

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 William B. Gibbs William B. Gibbs 3-21-95
Signature (typed or printed name of registered agent if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRYAN, JOSEPH E.
STREET ADDRESS	RT 2 BOX 2956
CITY - ST - ZIP	MELROSE FL
TITLE	STD
NAME	BRYAN, ROSE MARY
STREET ADDRESS	RT 2 BOX 2956
CITY - ST - ZIP	MELROSE FL
TITLE	VG
NAME	GIBBS, WILLIAM B
STREET ADDRESS	7290 COOPER PRAIRIE RD
CITY - ST - ZIP	KEYSTONE HIGHTS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roger D. Rothwell
1.3 STREET ADDRESS	7711 Beachview St
1.4 CITY - ST - ZIP	Keystone Hgts, Fl. 32656
2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William J. Bryan
2.3 STREET ADDRESS	47 Sierra Dr
2.4 CITY - ST - ZIP	
3.1 TITLE	President <input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William B. Gibbs William B. Gibbs 3-21-95 904-473-4006
Signature and typed or printed name of signing officer or director Date Telephone #