

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 # **F86582** (6)

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



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

3. Date Incorporated or Qualified: **06/23/1982**
3a. Date of Last Report: **04/03/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FET Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-2208335	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	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

**WILLIAM B. GILLB
7290 COOPER PRAIRIE RD
KEYSTONE HGTS FL 32656**

10. Name and Address of New Registered Agent

81	Name	William B Gibbs
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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER D. ROTHWELL	1.2 NAME	
STREET ADDRESS	7711 BEACHVIEW ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTON HGTS FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM J. BRYAN	2.2 NAME	
STREET ADDRESS	47 SIERRA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, WILLIAM B	3.2 NAME	
STREET ADDRESS	7290 COOPER PRAIRIE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGHTS FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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:

William B. Gillb *William B. Gibbs* 4/16/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitize Phone #

CR2E034 (12/95)