

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Andrea B. Merham
Secretary of State
DIVISION OF CORPORATIONS

B-6483

DOCUMENT # F94000000754 (1)

1. Corporation Name

FASTENAL COMPANY

APPROVED
AND
FILED

CCM - 1 PM 2:15

STATE OF FLORIDA
THE ATTORNEY GENERAL, FLORIDA

Principal Place of Business

BOX 978
WINONA MN 55987

Mailing Address

BOX 978
WINONA MN 55987

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. City & State

24. 25. 26. 27. 28. 29. 30.

28. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. City & State

29. 30.

3. Date Incorporated or Organized 02/16/1994 36. Date of Last Report

4. FEI Number 41-0948415 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

7. The corporation has liability for obligations to others? Florida Statutes Yes No

9. Name and Address of Current Registered Agent

DEWEES, DALE
1601 NORTH MAGNOLIA
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 607.05(4) and 607.15(8), Florida Statutes, the above named corporation submits the 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 607.05(8), Florida Statutes.

SIGNATURE:

PATRICK RICE, CHIEF OF STAFF TO THE GOVERNOR

FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS

6/1

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| 6011 | D GOSTOMSKI, MIKE 534 RONALD AVENUE WINONA MN 55987 | 1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6012 | D REMICK, JACK 3232 FOX HOLLOW CT ROCHESTER MN 55902 | 1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6013 | D MCCONNELL, HENRY V 1350 GREENWOOD CIRCLE STATE COLLEGE PA | 1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6014 | PD KIERLIN, ROBERT RT 1 WINONA MN 55987 | 1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6015 | SD SLAGGIE, STEPHEN 219 WABASHA WINONA MN 55987 | 1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6016 | | 6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6017 | | 6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6018 | | 6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.06(8), Florida Statutes. I further declare that the information indicated on the original record or supplemental annual report is true and accurate and that my signature shall have the same legal effect if made orally. That I am the officer or director of the corporation to whom the power to file this document is delegated and that I am empowered to execute this document as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or an attachment thereto with my address.

SIGNATURE:

SIGNATURE AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK RICE 4/20/95

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