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Apr 07 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 # H29872 (9)			
1. Corporation Name HAGAN ACE HARDWARD OF MANDARIN, INC.			
Principal Place of Business 12548 SAN JOSE BLVD. JACKSONVILLE FL 32223		Mailing Address 12548 SAN JOSE BLVD. JACKSONVILLE FL 32223-2645	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 1022 BLANDING Blvd. 27 Suite, Apt. #, etc. 28 ORANGE PARK, FL 29 Zip 32065 30 Country CLAY	
9. Name and Address of Current Registered Agent WALKER, JAMES V. 10151 DEERWOOD PARK BLVD BUILDING 100 SUITE 200 JACKSONVILLE FL 32256		10. Name and Address of New Registered Agent B1 Name DONALD W. HAGAN B2 Street Address (P.O. Box Number is Not Acceptable) 1022 BLANDING Blvd. B3 ORANGE PARK, FL B4 City FL B5 Zip Code 32065	
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: <i>Donald W. Hagan</i> DATE: 3/31/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME HAGAN, DONALD G. STREET ADDRESS 594 GLASGOW CT. CITY-ST-ZIP ORANGE PARK FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE SD NAME HAGAN, ANN B. STREET ADDRESS 594 GLASGOW CT. CITY-ST-ZIP ORANGE PARK FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE Exec. V. Pres. NAME DONALD W. HAGAN STREET ADDRESS 1022 BLANDING BLVD. CITY-ST-ZIP ORANGE PARK, FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Donald W. Hagan</i>		DATE: 3/31/97 (904)272-1414	



CR2E034 (9/96)