

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 21 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H44893** (6)
1. Corporation Name
FLORIDA HARDWARE COMPANY



Principal Place of Business 436 CASSAT AVENUE P.O. BOX 8759 JACKSONVILLE FL 32236	Mailing Address 436 CASSAT AVENUE P.O. BOX 8759 JACKSONVILLE FL 32236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/27/1985		3a. Date of Last Report 04/15/1996	
				4. FEI Number 37-0889112		<input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

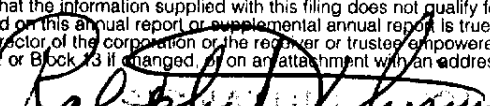
9. Name and Address of Current Registered Agent THIEMAN, DONALD 436 CASSAT AVE JAX FL 32254				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P THIEMAN, RALPH			1.1 TITLE	200002250752--7		
NAME	436 CASSAT AVENUE			1.2 NAME	-07/23/97--01072--005		
STREET ADDRESS	JACKSONVILLE FL			1.3 STREET ADDRESS	****165.00 ****165.00		
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> DELETE			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THIEMAN, NORMA			2.2 NAME			
STREET ADDRESS	436 CASSAT AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THIEMAN, DONALD			3.2 NAME			
STREET ADDRESS	436 CASSAT AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			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	<input type="checkbox"/> DELETE			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	<input type="checkbox"/> DELETE			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 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  **RALPH J. THIEMAN**

CR2E034 (4/97)



FLORIDA HARDWARE COMPANY

Wholesale Distributors

Phone: 904-783-1650
(FAX) 904-783-4556

436 Cassat Ave. P.O. Box 6759 Jacksonville, Florida 32254



July 15, 1997

Division of Corporation
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl 32302-1500

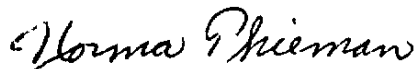
Sir/Mam:

This is to inform your good office that Florida Hardware Company issued check thru Division of Corporation Annual Reports Section located in Tallahassee, Florida. The check was dated December 31, 1996, check # 35908 with the amount of \$165.00 as payment of the Profit Corporation Annual REport 1997.

Please see attached copy of the check. I've also attached a replacement of the first check we issued check #38224 to cover up the required payment as filing fee in the amount of \$165.00.

Thank you for your kind consideration on this matter.

Respectfully,yours,



NORMA THIEMAN
Treasurer/Sec'y

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