

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 08 1996 8:00 am
Secretary of State

DOCUMENT # P95000050371

FARM DEPOT OF WILLISTON, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 15 S.W. 2nd Ave.

26 222 Lakeview Ave.

State Apt # etc

State Apt # etc

22 City & State
23 Williston, FL

27 Suite 160-293
28 City & State
West Palm Beach, FL

24 32696 25 USA

29 33414 30 USA

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays St.
Tallahassee, FL 32301

3. Date Incorporated or Qualified

3a. Date of Last Report

6/27/95

N/A

4. FET Number
65-0599305

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes.

Yes

X No

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

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 0)
<p>1. TITLE: P/S/T/D</p> <p>2. NAME: Sharon L. Campbell</p> <p>3. STREET ADDRESS: 3043 Balearic Dr.</p> <p>4. CITY, ST, ZIP: Marietta, GA 30067</p> <p>5. TITLE: [] DELETE</p>	<p>1. TITLE: P/S/T/D</p> <p>2. NAME: Tracie Byrd</p> <p>3. STREET ADDRESS: 1164 Cool Springs Dr.</p> <p>4. CITY, ST, ZIP: Kennesaw, GA 30144</p> <p>5. TITLE: [X] Change [] Addition</p>
<p>6. NAME: [] DELETE</p>	<p>6. TITLE: [] Change [] Addition</p>
<p>7. NAME: [] DELETE</p>	<p>7. TITLE: [] Change [] Addition</p>
<p>8. NAME: [] DELETE</p>	<p>8. TITLE: [] Change [] Addition</p>
<p>9. NAME: [] DELETE</p>	<p>9. TITLE: [] Change [] Addition</p>
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<p>11. NAME: [] DELETE</p>	<p>11. TITLE: [] Change [] Addition</p>
<p>12. NAME: [] DELETE</p>	<p>12. TITLE: [] Change [] Addition</p>
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<p>14. NAME: [] DELETE</p>	<p>14. TITLE: [] Change [] Addition</p>
<p>15. NAME: [] DELETE</p>	<p>15. TITLE: [] Change [] Addition</p>
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<p>20. NAME: [] DELETE</p>	<p>20. TITLE: [] Change [] Addition</p>

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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 in 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: Tracie Byrd

8/6/96 (404) 262-7411

CR2E034 (12/95)