

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90111 049 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000066408

1. Corporation Name
WOODVILLE ACE HARDWARE, INC.



Principal Place of Business
 9382 WOODVILLE HIGHWAY
 WOODVILLE FL 32362

Mailing Address
 9382 WOODVILLE HIGHWAY
 WOODVILLE FL 32362

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1997

4. FEI Number
59-3424091

Applied For
 Yes
 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

9. Name and Address of Current Registered Agent

BAGGETT, JAMES E
2014 TALLAVANA TRAIL
HAVANA FL 32333

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	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLAND, JEFFREY J	1.2 NAME	
STREET ADDRESS	P.O. BOX 337	1.3 STREET ADDRESS	
CITY-ST-ZIP	WACISSA FL 32361	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCY, CINDY W	2.2 NAME	
STREET ADDRESS	ROUTE 5 BOX 5126	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTECELLO FL 32344	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUTAMIRE, REBECCA P	3.2 NAME	
STREET ADDRESS	935 W WASHINGTON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTECELLO FL 32344	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGGETT, JAMES E	4.2 NAME	
STREET ADDRESS	2014 TALLAVANA TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	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 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, with all other like empowered.

SIGNATURE: *James E Baggett* **4/30/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)