

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 436148

1. Corporation Name

HAGAN ACE HARDWARE OF HILLIARD, INC.

1-75-96 (1) B-0230-2



Principal Place of Business	Mailing Address
224 S KINGS RD PO BOX 37 HILLIARD FL 32046 US	224 SOUTH KINGS RD PO BOX 37 HILLIARD FL 32046 US

3. Date Incorporated or Qualified 09/17/1973	3a. Date of Last Report 01/24/1995
4. FEI Number 59-1484857	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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**WALKER & KOEGLER ATTORNEYS & COUSELORS
QUADRANT II AT SOUTHPOINT
4655 SALISBURY RD. SUITE #390
JACKSONVILLE FL 32256**

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 _____ DATE _____
Signature, typed or printed name of registered agent and initial applicant. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HAGAN, DONALD W	
STREET ADDRESS	2526 RIDGECREST AVE.	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HAMRICK, PEGGY H	
STREET ADDRESS	RT 4 BOX 99-A	
CITY - ST - ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMRICK, STEWART L	
STREET ADDRESS	RT 4 BOX 99-A	
CITY - ST - ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAGAN, DONALD G.	
STREET ADDRESS	594 GLASGOW CT	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAGAN, ANN B	
STREET ADDRESS	594 GLASGOW CT	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hagan, Donald W	
1.3 STREET ADDRESS	Rt. 1 Box 1615	
1.4 CITY - ST - ZIP	Callahan, Florida 32011	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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: Donald W. Hagan 1/18/96 904-845-4461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)