

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **447480** (5)

1. Corporation Name  
**JASPER HARDWARE & SUPPLY CO., INC.**



Principal Place of Business: 202 N. CENTRAL AVENUE, P.O. BOX 351, JASPER FL 32052-0351  
Mailing Address: 202 N. CENTRAL AVENUE, P.O. BOX 351, JASPER FL 32052-0351

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; Country.

3. Date Incorporated or Quorried: 03/11/1974  
3a. Date of Last Report: 02/16/1995  
4. FEI Number: 59-1513794  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: MCDAVID (TERRY), 200 N MARION ST., LAKE CITY FL

10. Name and Address of New Registered Agent (81-84): Kenneth N. Scaff, Jr., 215 N.E. 2nd St., Jasper FL 32052

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 607.0502, Florida Statutes.

SIGNATURE: Kenneth N. Scaff, Jr. DATE: 3/26/96

12. OFFICERS AND DIRECTORS

TITLE: S	NAME: HAMM, GLORIA O	STREET ADDRESS: RT 2 BOX 63	CITY-ST-ZIP: JASPER, FL 00000	<input type="checkbox"/> DELETE
TITLE: PD	NAME: HAMM, CHARLES D	STREET ADDRESS: RT 2 BOX 63	CITY-ST-ZIP: JASPER, FL 00000	<input type="checkbox"/> DELETE
TITLE: V	NAME: HAMM, WILLIAM T	STREET ADDRESS: ROUTE 3, BOX 192-A-2	CITY-ST-ZIP: JASPER, FL 00000	<input type="checkbox"/> DELETE
TITLE: ST	NAME: JOHNSON, CHRISTINA HAMM	STREET ADDRESS: 1704 W WHITNEY CR.	CITY-ST-ZIP: ALCOA TE	<input type="checkbox"/> DELETE
TITLE: AST	NAME: HAMM, REBECCA G.	STREET ADDRESS: RT. 2 BOX 63	CITY-ST-ZIP: JASPER FL	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
3. STREET ADDRESS:	
4. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE:	
6. NAME:	
7. STREET ADDRESS:	
8. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE:	
10. NAME:	
11. STREET ADDRESS:	
12. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE:	
14. NAME:	
15. STREET ADDRESS:	
16. CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of the corporation; I am executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with a true filing.

SIGNATURE: Charles D. Hamm DATE: 3/26/96 FILE NO: 904-792-1052

CR2E034 (12/95)