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**Feb 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 447480 (5)

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



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

3. Date Incorporated or Qualified **3a. Date of Last Report**
03/11/1974 **04/01/1996**

21 2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1513794	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Country	30 Country		

9. Name and Address of Current Registered Agent SCAFF, KENNETH N JR 215 NE 2ND ST JASPER FL 32052	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 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S HAMM, GLORIA O	12 NAME	
STREET ADDRESS	RT 2 BOX 63	13 STREET ADDRESS	
CITY-ST-ZIP	JASPER, FL 00000	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD HAMM, CHARLES D	22 NAME	
STREET ADDRESS	RT 2 BOX 63	23 STREET ADDRESS	
CITY-ST-ZIP	JASPER, FL 00000	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V HAMM, WILLIAM T	32 NAME	
STREET ADDRESS	ROUTE 3, BOX 192-A-2	33 STREET ADDRESS	
CITY-ST-ZIP	JASPER, FL 00000	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST JOHNSON, CHRISTINA HAMM	42 NAME	
STREET ADDRESS	1704 W WHITNEY CR.	43 STREET ADDRESS	
CITY-ST-ZIP	ALCOA TE	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AST HAMM, REBECCA G.	52 NAME	
STREET ADDRESS	RT. 2 BOX 63	53 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Charles D. Hamm* **2/19/97** **1-904-792-1052**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)