

4-22-97 B. 51711 - C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 22 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 # 821393 (6)

1. Corporation Name
TANDY CORPORATION

Principal Place of Business
1800 ONE TANDY CENTER
FORT WORTH TX 76102-2819

Mailing Address
1800 ONE TANDY CENTER
FORT WORTH TX 76102



3. Date Incorporated or Qualified 04/30/1968
3a. Date of Last Report 04/15/1996

2. Principal Place of Business 21 One Throckmorton St. Suite, Apt. #, etc 22 Suite 1800 City & State 23 Fort Worth, TX Zip 24 76102-2819	2a. Mailing Address 26 P.O. Box 1643 Suite, Apt. #, etc 27 City & State 28 Fort Worth, TX Zip 29 76101-1643	4. FEI Number 75-1047710 Applied For 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
Country 25 USA	Country 30 USA	

9. Name and Address of Current Registered Agent

LUCENA, MOE
3201 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	SR V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DWAIN	1.2 NAME	
STREET ADDRESS	1900 ONE TANDY CENTER	1.3 STREET ADDRESS	One Throckmorton St. Suite 1900
CITY - ST - ZIP	FT. WORTH TX 76102	1.4 CITY - ST - ZIP	Fort Worth, TX 76102-2820
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINN, H.C.	2.2 NAME	
STREET ADDRESS	732 N. WN TARRANT AVE.	2.3 STREET ADDRESS	One Throckmorton St. Suite 1900
CITY - ST - ZIP	BURLESON TX	2.4 CITY - ST - ZIP	Fort Worth, TX 76102-2820
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, JOHN V	3.2 NAME	
STREET ADDRESS	1900 ONE TANDY CENTER	3.3 STREET ADDRESS	One Throckmorton St. Suite 1900
CITY - ST - ZIP	FT. WORTH TX 76102	3.4 CITY - ST - ZIP	Fort Worth, TX 76102-2820
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, LEONARD H	4.2 NAME	
STREET ADDRESS	1900 ONE TANDY CENTER	4.3 STREET ADDRESS	One Throckmorton St. Suite 1900
CITY - ST - ZIP	FT. WORTH TX 76102	4.4 CITY - ST - ZIP	Fort Worth, TX 76102-2820
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, LOREN K	5.2 NAME	
STREET ADDRESS	1800 ONE TANDY CENTER	5.3 STREET ADDRESS	One Throckmorton St. Suite 1800
CITY - ST - ZIP	FORT WORTH TX 76102	5.4 CITY - ST - ZIP	Fort Worth, TX 76102-2819
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 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: X Loren K. Jensen 04/14/97 (817)390-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)