

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22388** (3)

1. Corporation Name

ARMSTRONG'S LOCK & SUPPLY, INC.

Principal Place of Business

**1440 DUTCH VALLEY PLACE, NE
ATLANTA GA 30324**

Mailing Address

**1440 DUTCH VALLEY PLACE, NE
ATLANTA GA 30324**



2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**WEAVERLING, MARK R
228 SW 11TH AVE
DANIA FL 33004**

3. Date Incorporated or Qualified	3a. Date of Last Report
01/03/1989	03/16/1995
4. FEI Number	Applied For
59-1087483	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 type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0606, Florida Statutes.

SIGNATURE

Signature to be performed by the filer or filer's agent

Signature of Agent to be performed by filer

Date

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MULLINS, WADE V	
STREET ADDRESS	200 FRANKLIN ROAD, UNIT S-12	
CITY, ST, ZIP	ATLANTA GA 30342	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MULLINS, DELNO V	
STREET ADDRESS	3420 SHARON CHURCH ROAD S.W.	
CITY, ST, ZIP	LOGANVILLE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	
11. CITY, ST, ZIP	
12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS	
14. 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)(a), 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 or changed, or on an alternative form with an address.

SIGNATURE:

Wade V. Mullins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

(404) 875-0136

CR2E034 (12/95)