ILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 003848 (9)

1. Corporation Name
EAGLE SUPPLY, INC.

Principal Place of Business
1451 CHANNELSIDE DRIVE
~~4TH AV & 13TH STREET~~
~~PO BOX 75305~~
TAMPA FL ~~33675~~ 33605

Mailing Address
~~4TH AV & 13TH STREET~~
PO BOX 75305
TAMPA FL 33675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1908	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0228000	Applied For / Not Applicable
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	

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

9. Name and Address of Current Registered Agent

DOLINER, NATHANIEL L.
ONE HARBOUR PLACE, 5TH FLOOR
TAMPA FL 33602

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 title if applicable. NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
CD FIELDS, DOUGLAS P. 122 EAST 42ND STREET NEW YORK NY	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 10168 ☐ Change ☑ Addition
D COOPER, JAY 7122 NW 74TH AVENUE MIAMI, FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 33166 ☐ Change ☑ Addition
P HAVNES, THOMAS W. 4TH AVE. & 13TH STREET TAMPA, FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 300001980435 -05/02/96--01014--035 ***200.00 33605 ☐ Change ☑ Addition
SKROTSKY, STEVEN R. 4TH AVE. & 13TH STREET TAMPA FL	4.1 TITLE AS/AT 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 33605 ☑ Change ☑ Addition
FRIEDMAN, FREDERICK M. 122 EAST 42ND STREET NEW YORK NY	5.1 TITLE VSD 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 10168 ☑ Change ☑ Addition
	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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 13 if changed, or on an attachment with an address.

SIGNATURE: FREDERICK M. FRIEDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: V-24-96
Daytime Phone Number: (914) 592-1570