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May 05 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 # 003848

(9)

1. Corporation Name
EAGLE SUPPLY, INC.



Principal Place of Business
1451 CHANELSIDE DRIVE
TAMPA FL 33605

Mailing Address
PO BOX 75305
TAMPA FL 33675-0305

3. Date Incorporated or Qualified
03/03/1908

3a. Date of Last Report
05/01/1996

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME FIELDS, DOUGLAS P.
STREET ADDRESS 122 EAST 42ND STREET
CITY-ST-ZIP NEW YORK NY 10168

1.1 TITLE C/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME COOPER, JAY
STREET ADDRESS 7122 NW 74TH AVENUE
CITY-ST-ZIP MIAMI, FL 0 33168

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1860 SPINDRIFT DRIVE
2.4 CITY-ST-ZIP LA JOLLA, CA 92037

TITLE P
NAME HAVNES, THOMAS W.
STREET ADDRESS 4TH AVE. & 13TH STREET
CITY-ST-ZIP TAMPA, FL 0 33605

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1451 CHANNESIDE DRIVE
3.4 CITY-ST-ZIP TAMPA, FL 33605

TITLE AST
NAME SKROTSKY, STEVEN R.
STREET ADDRESS 4TH AVE. & 13TH STREET
CITY-ST-ZIP TAMPA FL 33605

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VST
NAME FRIEDMAN, FREDERICK M.
STREET ADDRESS 122 EAST 42ND STREET
CITY-ST-ZIP NEW YORK NY 10168

5.1 TITLE V/S/T/D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE AS/AT
6.2 NAME DENNIS J. PALAGA
6.3 STREET ADDRESS 1451 CHANNESIDE DRIVE
6.4 CITY-ST-ZIP TAMPA, FL 33605

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: [Signature]

CR2E034 (9/96)