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**95 APR 25 AM 10:46**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 185333 (2)**  
1. Corporation Name  
**KOBRIN BUILDERS SUPPLY, INC.**

Principal Place of Business      Mailing Address  
**1401 ATLANTA AVENUE      1401 ATLANTA AVENUE  
ORLANDO FL 32806      ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/21/1955      04/27/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25		59-0752196		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. 198.032 Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KOBRIN, HARVEY H. 1401 ATLANTA AVENUE ORLANDO FL</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				<b>FL</b> B5 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 signature required when reconstituted)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOBRIN, HARVEY N.</b>	1.2 NAME	
STREET ADDRESS	<b>1401 ATLANTA AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOBRIN, PHILLIP</b>	2.2 NAME	
STREET ADDRESS	<b>1401 ATLANTA AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MICHAEL S.</b>	3.2 NAME	
STREET ADDRESS	<b>1401 ATLANTA AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TSD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOBRIN, NANCYE</b>	4.2 NAME	
STREET ADDRESS	<b>1401 ATLANTA AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Harvey Kobrin*      4-21-95      407-843-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Original Filing #)