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FILED

May 09 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 # 358658 (3)

1. Corporation Name  
COPPERSMITH BUILDING SUPPLY, INC.

Principal Place of Business

2804 36TH STREET  
TAMPA FL 33606

Mailing Address

2804 36TH STREET  
TAMPA FL 33606-3128



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/23/1970

3a. Date of Last Report

01/30/1996

4. FEI Number

69-1592186

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

COPPERSMITH, LILLIAN E.  
424 W. SEVILLA  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name DAVID C. FREDERICK

82 Street Address (P.O. Box Number is Not Acceptable)

4103 WOODSIDE MANOR

83

84 City TAMPA, FLORIDA

FL

85 Zip Code 33624

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

*David Frederick*  
Signature, typed or printed name of registered agent and title if applicable.

DAVID FREDERICK - Pres.

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME COPPERSMITH, LILLIAN E.  
STREET ADDRESS 4424 W. SEVILLA  
CITY-ST-ZIP TAMPA FL

TITLE VD ☒ DELETE

NAME ANDERSON, DELORES J.  
STREET ADDRESS 3816 MULLEN AVE  
CITY-ST-ZIP TAMPA FL

TITLE SD ☒ DELETE

NAME MUCCI, GLORIA A.  
STREET ADDRESS 1818 WILSHIRE DRIVE  
CITY-ST-ZIP TOLEDO OH

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / DIRECTOR ☒ Change ☐ Addition

1.2 NAME DAVID C FREDERICK  
1.3 STREET ADDRESS 4103 WOODSIDE MANOR  
1.4 CITY-ST-ZIP TAMPA, FLORIDA 33624

2.1 TITLE VICE PRESIDENT / DIRECTOR ☒ Change ☐ Addition

2.2 NAME BRUCE J. LOUBET, JR..  
2.3 STREET ADDRESS 2401 38th AVENUE NORTH  
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33713

3.1 TITLE SECRETARY ☒ Change ☐ Addition

3.2 NAME MICHAEL P. HENNESSY  
3.3 STREET ADDRESS 998 SOUSA DRIVE  
3.4 CITY-ST-ZIP LARGO, FLORIDA 33771

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

*Michael Hennessy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL HENNESSY 4/14/97

Date

Daytime Phone #

813 241  
0212

CR2E034 (9/96)