

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94 00000 4353**

1. Corporation Name

Fagen's Building Centers, Inc.

Principal Place of Business

P.O. Box 658
9000 Brooktree Rd.
Wexford, PA 15090

Mailing Address

P.O. Box 658
9000 Brooktree Rd.
Wexford, PA 15090

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation FL 33324

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 (Type or print name of agent, sign, and date)

(If the Registered Agent signature requires a notary seal, attach)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DCPT
Fagen, Jack
STREET ADDRESS
9000 Brooktree Rd.
CITY-ST-ZIP
Wexford, PA 15090

TITLE ☐ DELETE

NAME
DV
Fagen, William
STREET ADDRESS
9000 Brooktree Rd.
CITY-ST-ZIP
Wexford, PA 15090

TITLE ☐ DELETE

NAME
D
Schafer, Seymour J
STREET ADDRESS
9000 Brooktree Rd.
CITY-ST-ZIP
Wexford, PA 15090

TITLE ☐ DELETE

NAME
V
Bauer, David R.
STREET ADDRESS
9000 Brooktree Rd.
CITY-ST-ZIP
Wexford, PA 15090

TITLE ☐ DELETE

NAME
S
Vargo, Samuel J.
STREET ADDRESS
9000 Brooktree Rd.
CITY-ST-ZIP
Wexford, PA 15090

TITLE ☐ DELETE

NAME
V
Massaglia, Louis B.
STREET ADDRESS
9000 Brooktree Rd.
CITY-ST-ZIP
Wexford, PA 15090

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel J. Vargo, Sec'y.

4/26/96

(412) 935-3700

CR-5-1-96

CR2E034 (12/95)