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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000004353 (8)

1. Corporation Name

FAGEN'S BUILDING CENTERS, INC.



Principal Place of Business

PO BOX 658 - 9000 BROOKTREE LANE  
ATTENTION: LIZ AFFUSO  
WEXFORD PA 15090  
US

Mailing Address

P.O. BOX 658  
9000 BROOKTREE ROAD  
WEXFORD PA 15090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

4. FEI Number

25-1618509

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCPT  
NAME FAGEN, JACK  
STREET ADDRESS 9000 BROOKTREE ROAD  
CITY-ST-ZIP WEXFORD PA

TITLE D  
NAME PASHEL, GEORGE  
STREET ADDRESS 9000 BROOKTREE ROAD  
CITY-ST-ZIP WEXFORD PA

TITLE D  
NAME WARDEN, GARVIN  
STREET ADDRESS 9000 BROOKTREE ROAD  
CITY-ST-ZIP WEXFORD PA

TITLE D  
NAME LHORMER, BARRY  
STREET ADDRESS 9000 BROOKTREE ROAD  
CITY-ST-ZIP WEXFORD PA

TITLE S  
NAME VARGO, SAM  
STREET ADDRESS 9000 BROOKTREE ROAD  
CITY-ST-ZIP WEXFORD PA 15090

TITLE V  
NAME MASSAGLIA, LOU  
STREET ADDRESS 9000 BROOKTREE ROAD  
CITY-ST-ZIP WEXFORD PA 15090

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I 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

SAMUEL J. VARGO

3/13/98

(724) 936-3700

CR2E034 (10/97)