

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 # P92000008059 (7)

1. Corporation Name
NEW AGE BUILDING SUPPLY, INC.



Principal Place of Business
1855-7 DR. ANDRE'S WAY
DELRAY BEACH FL 33445
US

Mailing Address
1855-7 DR. ANDRE'S WAY
DELRAY BEACH FL 33445
US

3. Date incorporated or Qualified 12/01/1992 3a. Date of Last Report 02/13/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0371882

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

MOORE, LYNN A.
1855-7 DR. ANDRE'S WAY
DELRAY BEACH FL 33445

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 the corporation

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME MOORE, LYNN A.
STREET ADDRESS 10147 BOCA ENTRADA BOULEVARD, #117
CITY-ST-ZIP BOCA RATON FL
VTB ☒ DELETE

TITLE
NAME BROWN, MARBURY C
STREET ADDRESS 240 N.E. 16TH ST
CITY-ST-ZIP DELRAY BEACH FL 33444 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PVT/ISD ☒ Change ☐ Addition
12. NAME LYNN MOORE
13. STREET ADDRESS 1060 S. OCEAN BLVD
14. CITY-ST-ZIP DELRAY BEACH, FL. 33483

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP ☐ Change ☐ Addition

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP ☐ Change ☐ Addition

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP ☐ 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

DATE

Daytime Phone #

CR2E034 (12/95)