

**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 # **P94000092953 (6)**

1. Corporation Name

**KOBRIEN BUILDERS SUPPLY OF JACKSONVILLE, INC.**



Principal Place of Business

11320 E. PHILLIPS PKWY DR  
JACKSONVILLE FL 32256  
US

Mailing Address

1401 ATLANTA AVE  
ORLANDO FL 32806

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

04/03/1995

4. FEI Number

59-3287969

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$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

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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

(Signatures for principal officers and directors are to be legible)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGELMAN, CHRISTOPHER D.	1.2 NAME	
STREET ADDRESS	1401 ATLANTA AVENUE	1.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, JANET G.	2.2 NAME	
STREET ADDRESS	1401 ATLANTA AVENUE	2.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>PTD PRESIDENT TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>HARVEY KOBRIEN</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1401 ATLANTA AVENUE</b>
CITY, ST, ZIP		3.4 CITY - ST - ZIP	<b>ORLANDO, FL 32806</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>VSD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>DAVIS MICHAEL S.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1401 ATLANTA AVENUE</b>
CITY, ST, ZIP		4.4 CITY - ST - ZIP	<b>ORLANDO, FL 32806</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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

2/27/96

407-843-1000

Date

Daytime Phone #

CR2E034 (12/95)