

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000004353 (8)

1. Corporation Name

FAGEN'S BUILDING CENTERS, INC.

Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

25-1618509

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CPT
FAGEN, JACK
9000 BROOKTREE ROAD
WEXFORD PA 15090

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DV
FAGEN, WILLIAM
9000 BROOKTREE ROAD
WEXFORD PA 15090

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D
SCHAFFER, SEYMOUR J
9000 BROOKTREE ROAD
WEXFORD PA 15090

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

V
BAUER, DAVE
9000 BROOKTREE ROAD
WEXFORD PA 15090

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

S
VARGO, SAM
9000 BROOKTREE ROAD
WEXFORD PA 15090

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

V
MASSAGLIA, LOU
9000 BROOKTREE ROAD
WEXFORD PA 15090

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked, or in an attachment with an address.

SIGNATURE:

Samuel J. Vargo, Secy.

3/6/95

(412) 935-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #