

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 # 508007 (2)

1. Corporation Name

PIPELINE UTILITIES INCORPORATED



Principal Place of Business

GARDEN INDUSTRIAL PARK
3610 FISCAL CT
RIVIERA BCH. FL 33404-1754

Mailing Address

GARDEN INDUSTRIAL PARK
3610 FISCAL CT
RIVIERA BCH. FL 33404-1754

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

07/28/1976

3a. Date of Last Report

04/26/1995

4. FEI Number

59-1684417

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

10. Name and Address of New Registered Agent

CRADDOCK, RUTH ANN
6820 140TH LN
PALM BCH GDNS FL 33418

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	PD	<input type="checkbox"/> DELETE
NAME	CRADDOCK, RUTH ANN	
STREET ADDRESS	6820 140TH LN	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	CRADDOCK, JIM K.	
STREET ADDRESS	6820 140TH AVE	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE	GCV	<input type="checkbox"/> DELETE
NAME	CRADDOCK, JAMES DAVID	
STREET ADDRESS	6914 141ST LN	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRADDOCK, JAMES DAVID	
STREET ADDRESS	6914 141ST LN	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YOUNG, JOYCE E	
STREET ADDRESS	4396 BIRDWOOD STREET	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRADDOCK, LISA M.	
STREET ADDRESS	6914 141ST LN	
CITY - ST - ZIP	PALM BCH GDNS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

JAN. 19, 1996

407-842-8833

Date

Daytime Phone #

CR2E034 (12/95)