

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 151535

1. Entity Name

FLORIDA WHOLESALE PIPE & SUPPLY, INC.



Principal Place of Business

855 MAPLETON TER
JACKSONVILLE, FL 32207

Mailing Address

855 MAPLETON TER
JACKSONVILLE, FL 32207



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0571154

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROTHSTEIN, SIMON D.
4417 BEACH BLVD. STE 104
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT
NAME MACK, ULY P
STREET ADDRESS 855 MAPLETON TER
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VS
NAME MACK, FRANCES G
STREET ADDRESS 855 MAPLETON TER
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D
NAME MACK, JULIAN
STREET ADDRESS 855 MAPLETON TER
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE PD
NAME MACK, ULY P
STREET ADDRESS 855 MAPLETON TER
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D
NAME MACK, FRANCES G
STREET ADDRESS 855 MAPLETON TER
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D
NAME MACK-BOSEN, ROXANA
STREET ADDRESS 855 MAPLETON TER
CITY-ST-ZIP JACKSONVILLE, FL 32207

000000764950
07/09/04-80010-009 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANCES G MACK VICE PRESIDENT

7-7-04 904-396-9016