

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 499281 (4)
1. Corporation Name
FIFE INDUSTRIAL PIPE COMPANY



Principal Place of Business 1626 S.R. 60/VALRICO, FL 33594 BOX 751 BRANDON FL 33511	Mailing Address 1626 S.R. 60/VALRICO, FL 33594 BOX 751 BRANDON FL 33508-0751
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/01/1976	3a. Date of Last Report 06/24/1996
				4. FEI Number 59-1651397	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BELISLE, M.R. 1626 STATE RD 60 VALRICO FL 33594		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	BELISLE, M R	1.2 NAME	
STREET ADDRESS	1626 ST RD 60	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	BELISLE, JEANETTE	2.2 NAME	
STREET ADDRESS	1626 ST RD 60	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 00000	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	MASON, RC	3.2 NAME	
STREET ADDRESS	1626 ST RD 60 EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
TITLE	VPAS	4.1 TITLE	
NAME	SCHULZ, WR	4.2 NAME	
STREET ADDRESS	1626 ST RD 60 EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 (9/96)