FILE NOW: FILING FEE AFTER MAY 1 IS

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTME[illegible]TATE
Sandra B. Mo[illegible]
Secretary of S[illegible]
DIVISION OF CORPO[illegible]ONS

ANN'L FILED
95 FEB 28 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 529583 (7)

1. Corporation Name
UTILITY PIPING SYSTEMS, INC.

Principal Place of Business
4492 HIDDEN PINE CT
~~P.O. BOX 409, HIGHLAND CITY, FL 33840~~
MULBERRY FL 33860
US

Mailing Address
4492 HIDDEN PINE COURT
~~P.O. BOX 409, HIGHLAND CITY, FL 33840~~
MULBERRY FL 33860
US

3. Date Incorporated or Qualified: 03/18/1977
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 4492 Hidden Pine CT
Suite, Apt. #, etc. 22
City & State 23 mulberry Florida
Zip 24 33860
Country 25 Polk

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29
County 30

4. FEI Number: 59-1729709
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
HARRIS, MARTHA B.
4492 HIDDEN PINE COURT
MULBERRY FL 33860

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above[illegible]med 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 co[illegible]ration'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 A[illegible]signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITL[illegible]	☐ Change ☐ Addition
NAME	HARRIS, MARTHA B.	1.2 NAM[illegible]	
STREET ADDRESS	4492 HIDDEN PINE CT	1.3 STR[illegible]DRESS	
CITY-ST-ZIP	MULBERRY FL	1.4 CITY[illegible] ZIP	
TITLE	S	2.1 TITL[illegible]	☐ Change ☐ Addition
NAME	HARRIS, PAUL SR.	2.2 NAM[illegible]	
STREET ADDRESS	4492 HIDDEN PINE CT	2.3 STR[illegible]DRESS	
CITY-ST-ZIP	MULBERRY FL	2.4 CITY[illegible] ZIP	
TITLE	D	3.1 TITL[illegible]	☐ Change ☐ Addition
NAME	HARRIS, PAUL SR.	3.2 NAM[illegible]	
STREET ADDRESS	4492 HIDDEN PINE COURT	3.3 STR[illegible]DRESS	
CITY-ST-ZIP	MULBERRY FL	3.4 CITY[illegible] ZIP	
TITLE		4.1 TITL[illegible]	☐ Change ☐ Addition
NAME		4.2 NAM[illegible]	
STREET ADDRESS		4.3 STR[illegible]DRESS	
CITY-ST-ZIP		4.4 CITY[illegible] ZIP	
TITLE		5.1 TITL[illegible]	☐ Change ☐ Addition
NAME		5.2 NAM[illegible]	
STREET ADDRESS		5.3 STR[illegible]DRESS	
CITY-ST-ZIP		5.4 CITY[illegible] ZIP	
TITLE		6.1 TITL[illegible]	☐ Change ☐ Addition
NAME		6.2 NAM[illegible]	
STREET ADDRESS		6.3 STR[illegible]DRESS	
CITY-ST-ZIP		6.4 CITY[illegible] ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and do[illegible]ot qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is [illegible] 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 empowe[illegible] 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: Martha B. Harris MARTHA B. HARRIS 2-24-95 813-425-0517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO[illegible] Date Daytime Phone #

[illegible] CP