FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR 15 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 646837 (5)

1. Corporation Name
METALCOAT PIPE FABRICATORS, INC.

Principal Place of Business	Mailing Address
PLANT CITY INDUSTRIAL PARK P.O. DRAWER "88" PLANT CITY FL 33564	PLANT CITY INDUSTRIAL PARK P.O. DRAWER "88" PLANT CITY FL 33564

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/21/1979
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1979920 ☐ 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

MCDOWELL, WAYNE
1601 E. TRAPNELL ROAD
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HALL, CLEO	1.2 NAME	
STREET ADDRESS	6610 KITTY FOX LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, DONALD	2.2 NAME	
STREET ADDRESS	209 LAKE MIRIAM CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PURVIS, DANIEL W.	3.2 NAME	
STREET ADDRESS	RT. 2, BOX 490	3.3. STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PURVIS, JOHN	4.2 NAME	
STREET ADDRESS	RT. 2, BOX 491	4.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	☐ Change ☐ Addition
NAME	MCDOWELL, WAYNE	5.2 NAME	
STREET ADDRESS	1601 E. TRAPNELL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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: Wayne McDowell 03/03/95 (813)752-5107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441330 FP