2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 810432

1. Entity Name
INDUSTRIAL PIPING, INC.

Principal Place of Business	Mailing Address
600 CULP ROAD POB 518 PINEVILLE, NC 28134 US	800 CULP ROAD POB 518 PINEVILLE, NC 28134 US

DO NOT WRITE IN THIS SPACE

01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-0578325
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	JONES, R L
STREET ADDRESS	5635 A1A UNIT 801
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	PD
NAME	JONES, M L
STREET ADDRESS	2740 HAMPTON AVENUE
CITY-ST-ZIP	CHARLOTTE, NC 00000, 28207
TITLE	ATS
NAME	SUMP, MICHAEL B
STREET ADDRESS	2732 VON THURINGER CT
CITY-ST-ZIP	CHARLOTTE, NC 28210
TITLE	V
NAME	ROBERTS, MICHAEL B
STREET ADDRESS	1700 CAL BOST RD
CITY-ST-ZIP	MIDLAND, NC 28107
TITLE	AT
NAME	SUMP, MICHAEL B
STREET ADDRESS	2732 VON THURINGER CT
CITY-ST-ZIP	CHARLOTTE, NC 28210
TITLE	V
NAME	BRAKEFIELD, DAVID M
STREET ADDRESS	1868 HOLLAND ROAD
CITY-ST-ZIP	ROCK HILL, SC 29731

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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] President 1-24-05 7045331100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #