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95 MAY -1 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **834349** (3)

1. Corporation Name:  
**UNITED TUBE CORPORATION**

Principal Place of Business: **1143-C COURT ST. CLEARWATER FL 34616**

Mailing Address: **1143-C COURT ST. CLEARWATER FL 34616**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State, Apt. #, etc.: **22**

City & State: **27**

City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/19/1975**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **34-0651344**

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. 190.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

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

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTIONS BY 12	
TITLE: <b>VD</b>	<b>GORDON, ROBERT W. 3062 AUTUMN DRIVE PALM HARBOR FL</b>	1.1 TITLE: <b>Delete</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VD</b>	<b>STRACHAN, NORMAN C 2680 CLUBHOUSE DR S CLEARWATER, FL 0</b>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>TD</b>	<b>CHAPLAIN, ANGIE 2370 SHADE TREE LN. CLEARWATER FL</b>	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>PD</b>	<b>WATTLES, G W 111 112 WINDWARD ISLAND CLEARWATER, FL 0</b>	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VD</b>	<b>SMITH, NORMAN N 2514 RICHMAR LN BRANDON, FL 0</b>	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		7.1 NAME: <b>D McKnight, F. R. 1800 Society Bldg., E. 9th &amp; Superior Cleveland, OH</b>	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(g), 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, hereon, or on an attachment with an address.

SIGNATURE: *A. D. Chaplain* **A. D. Chaplain, Treasurer 4/28/95 (813)443-5784**