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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90001 046 ***150.00

05/17/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 834349

1. Corporation Name
UNITED TUBE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1143-C COURT ST. CLEARWATER FL 34616 33756	Mailing Address 1143-C COURT ST. CLEARWATER FL 34616 33756
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3. Date Incorporated or Qualified
05/19/1975

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33756 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33756 Country
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4. FEI Number 34-0651344	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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKNIGHT, F. R	
STREET ADDRESS	1800 SOCIETY BLDG., E. 9TH & SUPERIOR	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STRACHAN, NORMAN C	
STREET ADDRESS	2680 CLUBHOUSE DR S	
CITY-ST-ZIP	CLEARWATER, FL 0	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHAPLAIN, ANGIE	
STREET ADDRESS	2370 SHADE TREE LN.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATTLES, G W 111	
STREET ADDRESS	112 WINDWARD ISLAND	
CITY-ST-ZIP	CLEARWATER, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, NORMAN N	
STREET ADDRESS	2514 RICHMAR LN	
CITY-ST-ZIP	BRANDON, FL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *A.D. Chaplain*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.D. Chaplain Treasurer (727) 443-5784
 Date Daytime Phone #

CR2E034 (1/198)