

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 849085

1. Entity Name

MECHANICAL PIPING CONTRACTORS, INC.



Principal Place of Business

**3750 HALLS MILL ROAD
MOBILE, AL 36693 US**

Mailing Address

**P O BOX 5443
MOBILE, AL 36605 US**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-0698050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NIXON, TARY L.
224 E. INTENDENCIA ST.
PENSACOLA, FL 32501**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME GREENE, CHARLES M
STREET ADDRESS 3750 HALLS MILL RD.
CITY-ST-ZIP MOBILE, AL 36693

TITLE S
NAME GREENE, CHARLES M
STREET ADDRESS 3750 HALLS MILL ROAD
CITY-ST-ZIP MOBILE, AL 36693

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000109949
04/12/04-80063-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #