

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001780

1. Entity Name
APPALACHIAN PIPELINE MANAGEMENT, INC.



Principal Place of Business
120 S. THOMPSON LN.
GOODLETTSVILLE, TN 37072

Mailing Address
120 S. THOMPSON LN.
GOODLETTSVILLE, TN 37072



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1659141

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

**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 reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CP
CROTTS, BOBBY A
120 S. THOMPSON LN.
GOODLETTSVILLE, TN 37072

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCV
CROTTS, JIMMY L
20090 HIGHWAY 69S
SAVANNAH, TN 38372

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
CROOKS, ANDREW J
2112 RIVERCHASE BLVD.
MADISON, TN 37115

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NEUBERGER, ANDREW P
1318-1333 ELDRIDGE PARKWAY
HOUSTON, TX 77070

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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 life empowered.

SIGNATURE:

Andrew J. Crooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05
Date

615 264 8775
Daytime Phone #