

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:38

DOCUMENT # F94000001586 (6)

1. Corporation Name

SOUTHWEST PIPE & SUPPLY, INC.

Principal Place of Business

133 SOUTH ROUTE 53
ADDISON IL 60101

Mailing Address

133 SOUTH ROUTE 53
ADDISON IL 60101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/86

3a. Date of Last Report

1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc

26 City & State

27 Zip

28 Country

4. FBI Number

58-1699888

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. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

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

(Signature typed or printed name of registered agent and the filer)

(Name of Registered Agent corporation required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KOGAN, ABE
STREET ADDRESS	133 SOUTH ROUTE 53
CITY, ST, ZIP	ADDISON IL 60101
TITLE	DVS
NAME	KOGAN, STEVEN
STREET ADDRESS	133 SOUTH ROUTE 53
CITY, ST, ZIP	ADDISON IL 60101
TITLE	DT
NAME	KOGAN, HARVEY
STREET ADDRESS	133 SOUTH ROUTE 53
CITY, ST, ZIP	ADDISON IL 60101
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the filer, certify that the information submitted in this filing is substantially true and correct and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)