

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 16 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F96000000550 (1)**

1. Corporation Name

**EB PIPE COATING, INC.**

Principal Place of Business

**1700 E AVE. PORT INDUSTRIAL PARK  
PANAMA CITY FL 32401**

Mailing Address

**1700 E AVE. PORT INDUSTRIAL PARK  
PANAMA CITY FL 32401**



|   |         |                     |   |   |  |  |  |             |
|---|---------|---------------------|---|---|--|--|--|-------------|
| 2. Principal Place of Business  |         | 2a. Mailing Address |   | 3. Date Incorporated or Qualified<br><b>02/01/1996</b>  |  | 3a. Date of Last Report                  |  |             |
| 21  | 22      | 26                  | 27  | 4. FEI Number <b>58-3251666</b><br><b>APPLIED FOR</b>   |  | Applied For<br>Not Applicable            |  |             |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc. |   | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional<br>Fee Required |  |             |
| City & State  |         | City & State        |   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be<br>Added to Fees    |  |             |
| 23  | 24      | 28                  | 29  | 7. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |             |
| Zip   | Country | Zip                 | Country   |   |  |  |  |             |
| 25  | 29      | 30                  | 9. Name and Address of Current Registered Agent |   |  |  | 10. Name and Address of New Registered Agent |             |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |         |                     |   | 81 Name   |  |  |  |             |
|   |         |                     |   | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |             |
|   |         |                     |   | 83  |  |  |  |             |
|   |         |                     |   | 84 City   |  |  |  | 85 Zip Code |
|   |         |                     |   | <b>FL</b>   |  |  |  |             |

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 title, if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                                       |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                               |  |  |
|----------------------------|---------------------------------------|--|--|---|-------------------------------|--|--|
| TITLE                      | DCP                                   | <input type="checkbox"/> DELETE            |  | 11 TITLE  |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | BLOME, PETER                          |  |  | 12 NAME   |                               |  |  |
| STREET ADDRESS             | % EUPAC ROHRBESCHICHTUNG GMBH         |  |  | 13 STREET ADDRESS                                     |                               |  |  |
| CITY-ST-ZIP                | WOLFSBANKRING 38, D45355 ESS GERMA-NY |  |  | 14 CITY-ST-ZIP  |                               |  |  |
| TITLE                      | DV                                    | <input checked="" type="checkbox"/> DELETE |  | 21 TITLE  |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | BOESEBECK, HANS                       |  |  | 22 NAME   |                               |  |  |
| STREET ADDRESS             | % EUPAC ROHRBESCHICHTUNG GMBH         |  |  | 23 STREET ADDRESS                                     |                               |  |  |
| CITY-ST-ZIP                | WOLFSBANKRING 38, D45355 ESS GERMA-NY |  |  | 24 CITY-ST-ZIP  |                               |  |  |
| TITLE                      | ST                                    | <input type="checkbox"/> DELETE            |  | 31 TITLE  |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | PETERS, JOHN E                        |  |  | 32 NAME   |                               |  |  |
| STREET ADDRESS             | 1700 E AVE, PORT INDUSTRIAL PARK      |  |  | 33 STREET ADDRESS                                     |                               |  |  |
| CITY-ST-ZIP                | PANAMA CITY FL 32401                  |  |  | 34 CITY-ST-ZIP  |                               |  |  |
| TITLE                      | V                                     | <input type="checkbox"/> DELETE            |  | 41 TITLE  | DV                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | SEIGLER, CARL                         |  |  | 42 NAME   |                               |  |  |
| STREET ADDRESS             | 1700 E AVE, PORT INDUSTRIAL PARK      |  |  | 43 STREET ADDRESS                                     |                               |  |  |
| CITY-ST-ZIP                | PANAMA CITY FL 32401                  |  |  | 44 CITY-ST-ZIP  |                               |  |  |
| TITLE                      |                                       | <input type="checkbox"/> DELETE            |  | 51 TITLE  | D                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                                       |  |  | 52 NAME   | GUNTER MALLY                  |  |  |
| STREET ADDRESS             |                                       |  |  | 53 STREET ADDRESS                                     | % EUPAC ROHRBESCHICHTUNG GMBH |  |  |
| CITY-ST-ZIP                |                                       |  |  | 54 CITY-ST-ZIP  | FRIEDRICH-EBERT STR. 154      |  |  |
| TITLE                      |                                       | <input type="checkbox"/> DELETE            |  | 61 TITLE  | D 45473 MULHBI9               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                       |  |  | 62 NAME   | GERMANY                       |  |  |
| STREET ADDRESS             |                                       |  |  | 63 STREET ADDRESS                                     |                               |  |  |
| CITY-ST-ZIP                |                                       |  |  | 64 CITY-ST-ZIP  |                               |  |  |

14. I do 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 its 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 on an attachment with an address.

SIGNATURE:

*John E. Peters* JOHN E. PETERS

4/11/97

904 769 2273

CR2E034 (9/96)