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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 05 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE:

DOCUMENT # G31536

(7)

ORLANDO PIPE AND SUPPLY, INC.

Principal Place of Business Mailing Address								1 01011 UNIR U	HIDII DIDII BIEH	AFIFT 1901
8980 SIDNEY HAYES ROAD P.O. BOX 580386 ORLANDO FL 32859			9980 SIDNEY HAYES ROAD P.O. BOX 560366 ORLANDO FL \$2659-0386							
OLEMBO LE REGIA		.				3. Date Incorporated or Qualified			eport	
-	ace of Business	-	Mailing Address				4. FEI Number			oplied For
21	# also	26	Suite, Apt. #. etc.				59-2290610	· · · · · · · · · · · · · · · · · · ·		ot Applicable
Suite, Apt	#, eiG	27	Suite, Apr. #, etc.				5. Certificate of Status Desired		\$8.75 A	Additional equired
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country		Zip		untry		B. This corporation has liability fo	r intangible	tax under s	
24	25 9. Name and Address of Curr	29	lared Apont	30			Florida Statutes 10. Name and Address of New R	Yes [
		ent Regis	tereo Agent		81	Name	10. Name and Address of New H	adiateten	Agent	
MUN	IK, BRENT I.					Hame	·			
	SIDNEY HAYES ROAD BOX 590388				62	Street Ad	dress (P.O. Box Number is Not Accepta	ible)		
	ANDO FL 32859				83					
					84	City			85 Zip	Code
11 Pursuant	to the provisions of Sections 607 (1502 and 6	07 1508 Elorida Statu	ites the a	hove	e-named co	rporation submits this statement for the	FL	f changing if	ts registered
office or re	eg stered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florid	da. Such change was	authorize	ed by	the corpor	ation's board of directors. I hereby acc	opt the app	cointment as	registered
D	minus with and account the ob	ga.ao io o	,, 500,101, 507, 50000, 7	io iou oio		•				}
SIGNATURE	Stippature, typed or pended name of digittored	agent and title	Lappicable (NC	TE: Registere	d Age	nt signature req	ulred when reinstating)	DATE		
12.	OFFICERS /	AND DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 12
TITLE	STD		☐ DELETE	1.1 T	ITLE				Change	Addition
NAME	MONK, BRENT IVAN			1.2 N	AME	[1
STREEL ADDRESS	13177 OVERSTREET ROAD			1.3 \$	TREET	ADDRESS				
C TY+ST-ZIP	WINDERMERE FL			1.4 0	ITY-S	T-ZIP				[
TITLE		**********	☐ DELETE	2.1 T					Change	Addition
NAME				2.2 N	IAME	1				
STREET ADDRESS				2.3 S	TREET	ADDRESS				i
CITY-SI-ZIP				2.43	CITY-5	ST-ZIP				
TiTLE		***	DELETE	31 T		-			Change	Addition
NAME				32 N	IAME	· }				
STREET ADDRESS				3.3 \$	TREET	ADDRESS				
C(TY - S1 - ZIP				3.4 (OITY-5	ST-ZIP				
TITLE			DELETE	4.1 7	TLE				Change	Addition
NAME				4.21	NAME					
STREET ADORESS	•			4.3 \$	TREET	ADDRESS				
CHTY-ST-ZIF						11 - ZIP				İ
TITLE			DELETE	5.1 T					Change	Addition
NAME				5.2 N	IAME					
STHEET ADDRESS						ADDRESS				
CITY-ST-ZIF						17-21P				
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 T					Change	Addition
NAME				6.2 M					-	
STREET ADDRESS						ADDRESS				
CHY-ST-ZIP						IT-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 off-cer 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 on an attachment with an address.