FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS G36758 **DOCUMENT #** PIPELINE, INC. OF PINELLAS COUNTY Principal Place of Business Mailing Address 627 WILDWOOD PARKWAY 927-WILDWOOD PARKWAY CAPE CORAL FL 33904 CAPE CORAL FL 22004 P. O. BOX 58283 ST. PETERSBURG, FL 33715-8288 3. Date incomprated or Qualified 05/03/1983 3a. Date of last Report 04/04/1995 4. FEI Number 59-2290418 2. Principal Place of Business 2a. Mailing Address Applied For P.O. BOX 58283 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ST. PETERSBURG, Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 33715 us A 25 29 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SALLY Α. STEWART STEWART, SALLY Street Address (P.O. Box Number is Not Acceptable) 627 WILDWOOD PKWY 1101 PINELLAS BAYWAY, CAPE CORAL FL 33904 TIERRA VERDE 33715 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Sturieture, typed or printed name of registered agent and title if a solicable (NOTE: Revision of Amont sumature re-(12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELE 1E 1, 1 TILLE Change ■ Addition STEWART, SHELLEY D. 1.2 NAME CR2E034 627 WILDWOOD PARKWAY STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY - ST - ZIP 1.4 CITY - ST - ZIP PCT DELE 1E ☐ Change 2 1 TITLE ☐ Addition STEWART, SALLY A 2.2 NAME 627 WILDWOOD PARKWAY STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL C-TY-ST-ZIP 2 4 CHTY - ST - ZIP DELETE Change 3 1 TITLE Addition STEWART, SALLY A. 3.2 NAME 627 WILDWOOD PARKWAY STREET ADDRESS 3.3 STREET ADDRESS CAPE CORAL FL C(1 Y - \$1 - Z(Γ 34 CITY-ST 7/P DELFTE 4 1 11FLF Addition 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CHTY - ST - ZIP 4 4 CITY - \$1 - 7IF DELETE 5.1 T(T) F Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY STIZIF 5 4 CHTY - ST - ZIF DELETE Addition 6 1 TATLE Change

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 conversion or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or only it attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 64 CITY - ST - ZIP

SIGNATURE:

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TITLE

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10016

NAME

STREET ADDRESS

SALLY A STEWART, PRESIDENT 03/28/16 813-864-6676