

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G58225** (5)
1. Corporation Name
GULF ATLANTIC PIPE SUPPLY, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
% RICHARD F. MACEY, JR. 48 SHADOW LANE LAKELAND FL 33813		PO BOX 5912 LAKELAND FL 33807 US		09/06/1983	03/14/1995
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number	Applied For
				59-2347124	Not Applicable
25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
29. State, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

MACEY, RICHARD F. 48 SHADOW LANE LAKELAND FL 33813				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 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACEY, RICHARD F. J	2. NAME	
STREET ADDRESS	48 SHADOW LANE	13. STREET ADDRESS	
CITY-STATE	LAKELAND, FL 00000	14. CITY-STATE-ZIP	
TITLE	DST	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACEY, CAROL B.	2. NAME	
STREET ADDRESS	48 SHADOW LANE	2. STREET ADDRESS	
CITY-STATE	LAKELAND FL	2. CITY-STATE-ZIP	
TITLE	DVP	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACEY, ROBERT A.	3. NAME	
STREET ADDRESS	48 SHADOW LANE	3. STREET ADDRESS	
CITY-STATE	LAKELAND FL	3. CITY-STATE-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-STATE		4. CITY-STATE-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-STATE		5. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-STATE		6. CITY-STATE-ZIP	

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 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.

SIGNATURE: *R F MACEY JR* RICHARD F. MACEY JR 2/3/96 941-646-8621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)