2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 30, 2007 8:00 am DOCUMENT # H46187 **Secretary of State** 1. Entity Name 01-30-2007 90011 005 ***150.00 SUCA PIPE SUPPLY, INC. Principal Place of Business Mailing Address 4910 COWELL ROAD TAMPA FL 33624 P O BOX 272482 TAMPA FL 33618-2482 4910 Lowell Road 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-2499571 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCINTYRE, SECEDRICK L Street Address (P.O. Box Number is Not Acceptable) 4801 TANNERY AVE TAMPA FL 33624 Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature registred when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 --Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HILE ☐ Defete 11111 ☐ Change Addition MCINTYRE, SECEDRICK L. NAMI 4801 ANNERY AVE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST ZIP CITY ST 7IP ☐ Delete ☐ Change Addition MCINTYRE, JERALDEAN P. NAMI MAMI 4801 TANNERY AVE SHIELD ADDRESS STREET ADDRESS TAMPA FL CHY ST 7IP CHY ST 70 Defete ☐ Change Addition 1001 шпг NAME STREET ADDRESS STREET ADDRESS CHY-SE-ZIP CHY SEZIP ш Delete HIII ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY SEZIP CIIY SL 7₽ THE ☐ Delete HIII Change Addition NAMI STREET ADDRESS STREET ADDRESS CHY-SE ZIP CHY SI ZIP THILE Detete 1101 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-SI-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental roport is true and accurate and that my signature shall have the same logal effect as if made under oath; hat 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED