

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # K60289 (1)

55 MAY -1 AM 9:04

1. Corporation Name
PIPELINE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. BOX 246 DOCTORS INLET FL 32030 P.O. BOX 246 DOCTORS INLET FL 32030

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
01/24/1989 05/01/1994
4. FEI Number Applied For
59-1671240 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RIZK, ROGER
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
81 Name **M. RICHARD LEWIS JR.**
82 Street Address (P.O. Box Number is Not Acceptable) **225 WATER ST.**
83 **SUITE 1800**
84 City **JACKSONVILLE** FL 85 Zip Code **32201**

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 607.0508, Florida Statutes.

SIGNATURE *M. Richard Lewis* 4-28-95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ASHBY, GEORGE H., SR.
STREET ADDRESS	12872 RIVERPLACE COURT
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	V
NAME	ASHBY, GEORGE H., JR.
STREET ADDRESS	1358 RIVIERA DRIVE
CITY, ST, ZIP	GREEN COVE SPRGS FL
TITLE	VPST
NAME	EYRICK, PETER T.
STREET ADDRESS	5034 PIRATES COVE ROAD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	42 SLEEPY HOLLOW RD.
14 CITY, ST, ZIP	DOCTORS INLET FL 32030
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	42 SLEEPY HOLLOW RD.
24 CITY, ST, ZIP	DOCTORS INLET FL 32030
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	42 SLEEPY HOLLOW RD.
34 CITY, ST, ZIP	JACKSONVILLE FL 32030
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	DOCTORS INLET
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.02(4)(b), 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 of this report, or as an attachment with my initials.

SIGNATURE: *Philip T. Eyrick* PHILIP T. EYRICK 4-25-95 904 272 9548