

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 11:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L08560 (9)

1. Corporation Name

SOUTHWEST FLORIDA PIPELINE COMPANY

Principal Place of Business

**500 W MONROE ST
P.O. BOX 6080
CHICAGO IL 60661-3676
US**

Mailing Address

**500 W MONROE ST
P.O. BOX 6080
CHICAGO IL 60661-3676
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/11/1989

3a. Date of Last Report

05/01/1994

4. FBI Number

36-3666415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYES ST
105
TALLAHASSEE FL 32301**

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	CLAYPOOLE, R.E.
STREET ADDRESS	500 W MONROE
CITY - ST - ZIP	CHICAGO IL
TITLE	DVP
NAME	BLAKE, C.J., JR.
STREET ADDRESS	500 W MONROE
CITY - ST - ZIP	CHICAGO IL
TITLE	DVP
NAME	ANDRUKAITIS, A.J.
STREET ADDRESS	500 W MONROE
CITY - ST - ZIP	CHICAGO IL
TITLE	DVP
NAME	SCHULTZ, D.R.
STREET ADDRESS	500 W MONROE
CITY - ST - ZIP	CHICAGO IL
TITLE	TV
NAME	LEE R L
STREET ADDRESS	500 W MONROE ST
CITY - ST - ZIP	CHICAGO IL
TITLE	AS
NAME	RUSH, A.
STREET ADDRESS	500 W MONROE
CITY - ST - ZIP	CHICAGO IL

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	CHLEBOWSKI, JOHN F.
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	MUCKIAN, WILLIAM M.
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM M. MUCKIAN 4/20/95 (312) 621-6408

Date

Daytime Phone #