

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90042 027 *****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M70173					
1. Corporation Name FLA. PIPE TEC., INC.					
Principal Place of Business 1001 WORTHINGTON AVE P.O. BOX 1812 GREEN COVE SPGS FL 32043 US			Mailing Address POB 1812 P.O. BOX 1812 GREEN COVE SPGS FL 32043 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1988	
21		26		4. FEI Number 59-2881131	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent METCALF, FRANK B. 1329 KINGSLEY AVE. ORANGE PARK FL 32073			10. Name and Address of New Registered Agent		
			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85 Zip Code FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D ☐ DELETE				
NAME	LOPER, JOEY E.				
STREET ADDRESS	1001 WORTHINGTON AVE				
CITY-ST-ZIP	GREEN COVE SPGS FL 32043				
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	☐ Change ☐ Addition				
1.2 NAME					
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					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.14.99
Date

904.284.2141
Daytime Phone #

CR2E034 (1/98)