

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000081858 (1)

1. Corporation Name

U.S. WHOLESALE PIPE & TUBE, INC.



Principal Place of Business

5601 NORTH 50TH STREET
TAMPA FL 33610

Mailing Address

5601 NORTH 50TH STREET
TAMPA FL 33610

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
11/29/1993

3a. Date of Last Report
02/01/1995

4. FEI Number

59-3211429

Applied For
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**EDDY, ROBERT G
5601 N 50TH ST
TAMPA FL 33610**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent (Print Name)

Print Name of Registered Agent (Signature)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDDY, ROBERT	
STREET ADDRESS	5601 N 50TH ST	
CITY-STATE-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COPPES, MILO	
STREET ADDRESS	5601 N 50TH ST	
CITY-STATE-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BONSALL, JOANN	
STREET ADDRESS	5601 N 50TH ST	
CITY-STATE-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Rachel, Ed
23 STREET ADDRESS	5601 N. 50th Street
24 CITY-STATE-ZIP	Tampa, FL 33610
31 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WILLIS, STEVE
33 STREET ADDRESS	5601 N. 50th Street
34 CITY-STATE-ZIP	Tampa, FL 33610
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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. If 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:

J. Steve Willis SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-26-96

(813) 621-1397

CR2E034 (12/95)