

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000081858 (1)
 1. Corporation Name
U.S. WHOLESALE PIPE & TUBE, INC.



Principal Place of Business 6001 NORTH 50TH STREET TAMPA FL 33610 40351 US Hwy 19 N Suite 308 Tarpon Springs, FL 34689		Mailing Address 6001 NORTH 50TH STREET TAMPA FL 33610 40351 US Hwy 19 N Suite 308 Tarpon Springs, FL 34689	
21. Principal Place of Business	22. Suite, Apt. #, etc.	26. Mailing Address	27. Suite, Apt. #, etc.
23. City & State	24. Zip	28. City & State	29. Zip
25. Country	30. Country		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/29/1993

4. FEI Number
59-3211429

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

EDDY, ROBERT G
5801 N 50TH ST
TAMPA FL 33610

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
40351 US Hwy 19 N

83. Suite
Suite 308

84. City
Tarpon Springs

85. State
FL

86. Zip Code
34689

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	PO	<input type="checkbox"/> DELETE
NAME	EDDY, ROBERT	
STREET ADDRESS	5801 N 50TH ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	RACHEL, ED	
STREET ADDRESS	5801 N 50TH STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CHEEK, BARBARA	
STREET ADDRESS	5801 N 50TH STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	40351 US Hwy 19 N, Suite 308
1.4 CITY - ST - ZIP	Tarpon Springs, FL 34689
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	40351 US Hwy 19 N, Suite 308
2.4 CITY - ST - ZIP	Tarpon Springs, FL 34689
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	40351 US Hwy 19 N, Suite 308
3.4 CITY - ST - ZIP	Tarpon Springs, FL 34689
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 its 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: *Barbara Cheek* *Barbara Cheek* **3/31/98** **(813) 945-9060**

CR2E034 (10/97)