

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 5:36

DOCUMENT # **P94000016149 (4)**

1. Corporation Name

AMERICAN PIPE AND IRON, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**133 ST ANDREWS STREET
JACKSONVILLE FL 32205**

Mailing Address

**133 ST ANDREWS STREET
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

2. Principal Place of Business

6235 GREENLAND ROAD

2a. Mailing Address

6235 GREENLAND ROAD

4. FEI Number

59-3242525

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

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

Zip

32258

County

25

Zip

32258

County

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLTON, FREDDIE W
133 ST ANDREWS STREET
JACKSONVILLE FL 32205**

81 Name **HOLTON, FREDDIE D.**

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

6235 GREENLAND ROAD

83

84 City **JACKSONVILLE,**

FL

85 Zip Code **32258**

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: *Freddie D. Holton* **FREDDIE D. HOLTON**

4-12-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLTON, FREDDIE D
STREET ADDRESS	6101 HONES ROAD
CITY, ST, ZIP	JACKSONVILLE FL 32219
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	HOLTON, FREDDIE D.	
1.3 STREET ADDRESS	6235 GREENLAND ROAD	
1.4 CITY, ST, ZIP	JACKSONVILLE, FLORIDA 32258	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(f), 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 make 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: *Freddie D. Holton* **FREDDIE D. HOLTON, DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 262-1626