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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000016149 (4)

1. Corporation Name

AMERICAN PIPE AND IRON, INC.



Principal Place of Business

Mailing Address

~~6235 GREENLAND RD~~
~~JACKSONVILLE FL 32236~~

~~6235 GREENLAND RD~~
~~JACKSONVILLE FL 32236-2433~~

US
2160 McCoys Creek Blvd.
JAX, FL. 32204

US
2160 McCoys Creek Blvd.
JAX, FL. 32204

2. Principal Place of Business

2a. Mailing Address

21 2160 McCoys Creek
Suite, Apt. #, etc.
22 Blvd

26 2160 McCoys Creek
Suite, Apt. #, etc.
27 Blvd

City & State

City & State

23 Jacksonville, Florida

28 Jacksonville, FL

Zip Country

Zip Country

24 32204 25 U.S.

29 32204 30 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

03/14/1996

4. FEI Number

59-3242525

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

10. Name and Address of New-Registered Agent

HOLTON, FREDDIE D.
12771 THICKET RIDGE DR
JACKSONVILLE FL 32258

81 Name Holton, Freddie D.
82 Street Address (P.O. Box Number is Not Acceptable)
12771 Thicket Ridge Dr
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOLTON, FREDDIE D
STREET ADDRESS 6235 GREENLAND RD
CITY-ST-ZIP JACKSONVILLE FL
☐ DELETE

TITLE V-President
NAME Tracy Holton
STREET ADDRESS 7537 Bob-O-Link Rd.
CITY-ST-ZIP JAX, FL. 32219
☐ DELETE

TITLE Secretary/Treasurer
NAME Angel D. Holton
STREET ADDRESS 12771 Thicket Ridge Dr.
CITY-ST-ZIP JAX, FL. 32258
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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

SIGNATURE: FREDDIE D. Holton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2-19-97
Daytime Phone: (904) 356-0085

0044638

CR2E034 (9/96)