

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019559 (0)

1. Corporation Name

FLORIDA PIPELINE, INC.



Principal Place of Business

Mailing Address

2850 WHISPERING DRIVE SOUTH
LARGO FL 34641

2850 WHISPERING DRIVE SOUTH
LARGO FL 34641

13290 92ND STREET North
LARGO FL 34643

13290 92ND STREET North
LARGO, FL. 34643

3. Date Incorporated or Qualified
03/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 13290 92ND St. North
Suite, Apt. #, etc.

26 13290 92ND St North
Suite, Apt. #, etc.

4. FEI Number

59-3301090

Applied For

Not Applicable

22 City & State

23 LARGO FL

28 City & State

28 LARGO FL

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

24 Zip

34643

25 Country

25 USA

29 Zip

29 34643

30 Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORSMAN, SALLY J
2850 WHISPERING DRIVE SOUTH
LARGO FL 34641

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME
HORSMAN, SALLY J
STREET ADDRESS
2850 WHISPERING DRIVE SOUTH
CITY - ST - ZIP
LARGO FL 34641

TITLE ☐ DELETE

NAME
HORSMAN, JAMES P
STREET ADDRESS
2850 WHISPERING DRIVE SOUTH
CITY - ST - ZIP
LARGO FL 34641

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 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; 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:

Sally J. Norman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22-Apr-96

Date

813/588-9585

Office Phone #

CR2E034 (12/95)