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Feb 03 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 # P95000090603 (8)

1. Corporation Name

FLORIDA PIPE & SUPPLY COMPANY



Principal Place of Business

Mailing Address

20 NORTH ORANGE AVENUE
ORLANDO FL 32801

20 N ORANGE AVE
STE 200
ORLANDO FL 32801-4804

2. Principal Place of Business

2a. Mailing Address

21 600 N PRAIRIE INDSTR L PKWY

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State
MULBERRY FL

27

City & State

23

Zip Country
33860

28

Zip Country
29

24

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3344417

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	P	<input checked="" type="checkbox"/> DELETE
NAME	PETTERSON, JOHN E	
STREET ADDRESS	600 N PRAIRIE IND. PKW	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, A S JR	
STREET ADDRESS	20 N ORANGE AVE, STE. 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, DAVID H	
STREET ADDRESS	20 N ORANGE AVE, STE. 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ZEPP, J. STEPHEN	
STREET ADDRESS	20 N ORANGE AVE, STE. 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CASWELL, JOHN F JR	
STREET ADDRESS	600 N PRAIRIE IND. PKWY	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	ATAS	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, JAY	
STREET ADDRESS	20 N. ORANGE AVE., STE 200	
CITY-ST-ZIP	ORLANDO FL 32801	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	A STEWART HALL JR	
1.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
1.4 CITY-ST-ZIP	ORLANDO FL 32801	
2.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID H HUGHES	
2.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
2.4 CITY-ST-ZIP	ORLANDO FL 32801	
3.1 TITLE	S/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAY CLARK	
3.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
3.4 CITY-ST-ZIP	ORLANDO FL 32801	
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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BENJAMIN P BUTTERFIELD	
5.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
5.4 CITY-ST-ZIP	ORLANDO FL 32801	
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 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:

Jay Clark REQUIRED JAY CLARK

1/14/97

407-841-4755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)