

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90019 001 \*2,550.00

DOCUMENT # P95000090603

1. Corporation Name  
FLORIDA PIPE & SUPPLY COMPANY

Principal Place of Business  
600 N PRAIRIE INDUSTRIAL PKWY  
MULBERRY FL 33860  
US

Mailing Address  
20 N ORANGE AVE  
STE 200  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/28/1995

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HALL, A STEWART JR  
STREET ADDRESS 20 N ORANGE AVE., SUITE 200  
CITY-ST-ZIP ORLANDO FL

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

TITLE DC  
NAME HUGHES, DAVID H.  
STREET ADDRESS 20 N. ORANGE AVE., SUITE 200  
CITY-ST-ZIP ORLANDO FL

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

TITLE SATO  
NAME CLARK, JAY  
STREET ADDRESS 20 N ORANGE AVE., SUITE 200  
CITY-ST-ZIP ORLANDO FL

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

TITLE DT  
NAME ZEPF, J. STEPHEN  
STREET ADDRESS 20 N ORANGE AVE, STE. 200  
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE AS  
NAME BUTTERFIELD, BENJAMIN P.  
STREET ADDRESS 20 N. ORANGE AVE., SUITE 200  
CITY-ST-ZIP ORLANDO FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 119.073(1), 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, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 841-4755

CR2E034 (11/98)

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