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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027559 (8)

DRYMON PIPE, INC.

FILED
May 08 1998 8:00am
Secretary of State

| Principal Place                            | e of Business  | Mailing Address  |  |  |     |
|--|--|--|--|--|-----|
| 1310 QUAIL DR.<br>BARASOTA FL 34231        |  | 1310 Quail dr.<br>Sarasota fl. 34231   |  |  |     |
| WINDOWN !!                                 |  | OWNOOTH IE GREDI   |  | DO NOT WRITE IN THIS SPACE   | _   |
|  |  |  |  | 3. Date Incorporated or Qualified  |     |
| A Bississis                                | face of Business   | No. BASILLA AMAZZA   |  | 03/26/1997   | 4   |
|  | IZCE OF BUSINESS   | 2a. Mailing Address<br>2b P. O. Box 5  | 454  | 4. FEI Number Applied For Not Applied ble  | -   |
| Suite, Apt.                                | #. etc.  | Suite, Apt. #, etc.  | 751  | SR 75 Additional   | ┨   |
| 22   |  | 27   |  | 5. Certificate of Status Desired Fee Regulred  |     |
| City & State                               | 9  | City & State   | · · · · · · · · · · · · · · · · · · ·      | 6. Election Campaign Financing \$5.00 May Be   | 1   |
| 23   |  | 28 SARASOTA  | FL   | Trust Fund Contribution Added to Fees  |     |
| Zip  | Country  | Zip Common College   | Country                                    | 8. This corporation owes or has paid the current year Intangible   | ]   |
| 24   | 25   | 20 34277-5454 30   | USA  | Personal Property Tax due June 30. Yes V No  | 1   |
|  | 9. Name and Address of Curre   |  | 81 Name                                    | 10. Name and Address of New Registered Agent   | ┨   |
|  | PROPATION SERVICE COMPAN   | 47   | E  | LIZABETH C. TYNER  | ╛   |
| 1201 HAYS STREET TALLAHASSEE FL 32301-2525 |  |  |  | Idress (P.O. Box Number is Not Acceptable) 3/O QUAIL DRIVE   |     |
| IA   | LANASSEE PL 32301-2323   |  | 83   | 370 QUAIC DRIVE  | 1   |
|  |  |  |  |  | 4   |
|  |  |  | 64 City                                    | 9RASOTA. FL   85   Zip Code   34231-3558   | •   |
| office or r                                | to the provisions of Sections 607.05<br>egistered agent, or both, in the State<br>m familiar with, and accept the oblic  | e of Florida Such change was auth-   | the above-named co<br>orized by the corpor | orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered  | 1   |
|  | Ling about C. Bignature, typical or printed name of registered ac  |  |  | YNER / april 1998  |     |
|  |  | pent and (NOTE: Reg<br>ND DIRECTORS  |  |  | 16  |
| TITLE                                      | DP OFFICERS AN   | ND DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   | -{≥ |
| NAME                                       | DRYMON, HARRY  |  | 1.2 NAME                                   | First Autority   | =   |
| STREET ADDRESS                             | 1310 QUAIL DR.   |  | 1.3 STREET ADDRESS                         |  | \   |
| CITY-ST-ZIP                                | SARASOTA FL 34231  |  | 1.4 CITY-ST-ZIP                            |  | ĮŠ  |
| TITLE                                      | DVST   | DELETE   | 2.1 TITLE                                  | same Change Addition   | ٦٢  |
| HAVE                                       | Tyner, Libby   |  | 2.2 NAME 7                                 | TYNER, ELIZABETH C. (CHANGE FIRST NAME ONLY)   | 1   |
| STREET ADDRESS                             | 1310 QUAIL DR.   |  | 2.3 STREET ADDRESS                         | SAME   | ı   |
| CITY-ST-ZIP                                | SARASOTA FL 34231  |  |  | SAME   | Ţ   |
| TITLE                                      |  | ☐ DELETE   | 3.1 TITLE                                  | ☐ Change ☐ Addition  |     |
| NAME                                       |  |  | 3.2 NAME                                   |  |     |
| STREET ADDRESS                             |  |  | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP        |  |     |
| CRY-ST-ZIP                                 |  | DELETE   | 4.1 TITLE                                  | Change Addition  | 1   |
| WAME                                       |  |  | 4. 2 NAME                                  |  |     |
| STREET ADDRESS                             |  | i  | 4.3 STREET ADDRESS                         |  | 1   |
| CITY-ST-ZIP                                |  |  | 4.4 CITY - ST - ZIP                        |  | ı   |
| TITLE                                      |  | DELETE   | 5.1 TITLE                                  | Change Addition  | 1   |
| NAME                                       |  |  | 5.2 NAME                                   |  |     |
| STREET ADDRESS                             |  |  | 5.3 STREET ADDRESS                         |  |     |
| CITY-ST-ZIP                                |  |  | 54 CITY-ST-ZIP                             |  | 1   |
| TITLE                                      |  | ☐ DELETE   | 6 1 TITLE                                  | ☐ Change ☐ Addition  | 1   |
| MALE                                       |  |  | 6.2 NAME                                   |  |     |
| STREET ADDRESS                             |  |  | 6.3 STREET ADDRESS                         |  |     |
| 14. I hereby c                             | ertify that the information supplied a   | with this filing does not qualify for th   | 6.4 CiTY-ST-ZIP<br>e exemption stated i    | in Section 119.07(3)(i), Florida Statutes. I further certify that the information  | 1   |
|  | The state of the s | and the state of t |  | the state of the s |     |

. Thereby certify that the information supplied with this filing does not quality 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: Clizabeth C. Junes, ELIZABETH C. TYNER 10pril 98 (941)927-7735