## 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 # P97000043193 (6)

ROCKWELL PIPE SUPPLY, INC.

## FILED Jan 26 1998 8:00am Secretary of State



7796 132ND WAY NORTH SEMINOLE FL 33776-3920  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 05/10/1997  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  Applied For	Principal Place of Business Mailing Address						
SEMINOLE FL 33776-9320   SEMINOLE FL 33776-9320   DO NOT WRITE IN THIS SPACE							
2. Principal Placo of Business   2a, Mailing Address   4. FEB Number   35   35   35   35   35   35   35   3							
2. Principal Place of Business   2a. Mailing Address   4. FEI Number		00.10 0020	CLIMITOLL	12 00710 0020			DO NOT WRITE IN THIS SPACE
2. Principal Flace of Business							3. Date Incorporated or Qualified
Suite, Apt. #, etc.							05/10/1997
Suite, Apt. #, etc.	Principal Place of Business     2a. Mailing Address			Address			4. FEI Number Applied For
City & Signite   City & Signite   City & Size   Securious Agricultural   Security   Se	21			26			59-34493o5 Not Applicable
27		#, etc.	Suite, Ap	Suite, Apt. #, etc.			
Zip							Fee Required
Zip	i	e	<u>⊢</u> , ·	<del></del>			, , , , , , , , , , , , , , , , , , ,
24							Trust Fund Contribution Added to Fees
2ALOPANY, PETER 7796 132ND WAY NORTH SEMINOLE FL 33776-3920  11. Fursuant to the provisions of Sections 607,0502 and 607,1508, Forlida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 office or registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office of the property of the suppointment as registered office of the property of the suppointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment	<u> </u>	— ·	<del>                                     </del>	—		'	
STALOPANY, PETER   7796 132ND WAY NORTH   SEMINOLE FL 33776-3920   82   Street Address (P.O. Box Number is Not Acceptable)   83   84   City   FL   85   Zip Code	24				<u> </u>		
### SEMINOLE FL 33776-3920  ### City			urrent Registered Agi	ent	91	Nessa	
SEMINOLE FL 33776-3920  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Fiorida Statutes, the above-named corporation submite this statement for the purpose of changing its 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, 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, 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, or both, in the State of Florida Statutes.  SIGNATURE    Superior of Provided Provide	1				[6]	Name	
Ray	7796 132ND WAY NORTH				82	Street	Address (P.O. Box Number is Not Acceptable)
SIGNATURE   Synthem   Synthem   State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the epiphirment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the epiphirment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the epiphirment as registered spent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the epiphirment as registered spent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the epiphirment as registered spent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the epiphirment as registered statutes.    SIRONATURE	SE!	MINOLE FL 33776-3920			_		
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SIGNATURE   Symature. Vyead or printed name of registrand agent and tille if applicable. (NOTE. Rogistrord Agent signature required when reinstating)   DATE						•	FL     `
SIGNATURE   Symature. Typed or printed name of registrand agent and tille if applicable. (NOTE. Rogistrand Agent signature required when reinstating)   DATE	11. Pursuant I	to the provisions of Sections 60	7.0502 and 607.1508, I	lorida Statutes,	the above	-named	corporation submits this statement for the purpose of changing its registered
SIGNATURE   Symature. Typed or printed name of registrand agent and tille if applicable. (NOTE. Rogistrand Agent signature required when reinstating)   DATE	agent. I a	m familiar with, and accept the	obligations of, Section	607.0505, Floric	da Statutes	i ine çor L	poration's board of directors, i hereby accept the appointment as registered
Signature, typand or printend name of registend agent and tile if applicables (NOTE. Registender required when reinstanding)   DATE     DATE     DELETE   1.1 TITLE   D   Change   Addition   Additi							
TITLE	CIGIOTIONE			(NOTE, R	logistered Age	nt signature	e required when reinstating) DATE
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SEMINOLE FL 33776-3920	NAME	·			1.2 NAME		
DELETE	STREET ADDRESS		• •		1.3 STREET	ADDRESS	
NAME		SEMINOLE FL 33776-392			1.4 CITY-S	r-zip	
2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   2.5 NAME   2.5 NAME   2.5 NAME   3.5 STREET ADDRESS   3.5 STREET AD	TITLE		Ļ	] DELETE	2.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP	NAME	2.2		2.2 NAME			
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CITY-ST-ZIP 4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		ertify that the information suppli	ed with this filing does	not qualify for th			ed in Section 119.07(3)(i). Florida Statutes I further certify that the information

14. I hereby certify that the information supplied with this filling 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 exemption of the receiver of 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: TROPANY

CR2E034 (10/97