


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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90021 034 ***558.75

0406425

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000015705		
1. Corporation Name ACCURATE PIPELINE, INC.		

Principal Place of Business 1321 MONTEREY BLVD. NE ST. PETERSBURG FL 33704	Mailing Address 1321 MONTEREY BLVD. NE ST. PETERSBURG FL 33704
----------------------------------------------------------------------------------	----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9000 94th Avenue North		2a. Mailing Address 26 P.O. Box 10007		3. Date Incorporated or Qualified 02/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59 3493886	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Seminole FL		City & State 28 Largo FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33777		Country 25 USA		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROWN, MICHAEL J 1321 MONTEREY BLVD. NE ST. PETERSBURG FL 33704				10. Name and Address of New Registered Agent			
				81 Name Reed, John W			
				82 Street Address (P.O. Box Number is Not Acceptable) 9000 94th Ave North			
				83 Seminole FL			
				84 City FL 85 Zip Code 33777			

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 **John W Reed** **John W Reed President/Director 9/15/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VTD	<input type="checkbox"/> DELETE		1.1 TITLE	MD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, MICHAEL J			1.2 NAME	Brown, Michael J		
STREET ADDRESS	1321 MONTEREY BLVD. NE			1.3 STREET ADDRESS	1321 Monterey Blvd. NE		
CITY-ST-ZIP	ST. PETERSBURG FL 33704			1.4 CITY-ST-ZIP	St. Petersburg FL 33704		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PTD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWN, DIANN C			2.2 NAME	Reed, John W		
STREET ADDRESS	1321 MONTEREY BLVD. NE			2.3 STREET ADDRESS	9000 94th Avenue North		
CITY-ST-ZIP	ST. PETERSBURG FL 33704			2.4 CITY-ST-ZIP	Seminole, FL 33777		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCNEIL, GLADYS H			3.2 NAME			
STREET ADDRESS	1321 MONTEREY BLVD. NE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33704			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 119.07(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, with all other like empowered.

SIGNATURE: **John W Reed** **9/15/99: 727.392.7980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)