PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90168 008 \*\*\*150.00

1999

1. Corporation Name D & M PIPING SPECIALTY, INC.  Principal Place of Business 339 TERESA DR. LARGO FL 32770 LARGO FL 32770 LARGO FL 33770				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/25/1998			]
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	<u> </u>	lied For	
21				59-352 0013		Applicable	
Suite, Art. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		\
City & State City & State				6. Election Campaign Financing	\$5.00		1
City,& State	28			Trust Fund Contribution	Added to		-
Zip Country Zip		Country 30		This corporation owes the current year I     Personal Property Tax.		]No	
9. Name and Address of Curre		~		10. Name and Address of New Registere	l Agent		
<u> </u>		81	Name				
LEGROS, MAURICE		82	2 Street Ad in	ress (P.O. Box Number is Not Acceptable)			1
339 TERESA DR. LARGO FL 33770							1
		83	3				
		84	4 City		85 Zip C	de	1
			1 *	F		- nintagnal	4
11. Pursuant to the provisions of Se zions 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliging SIGNATURE			y the corporation of the corpora		pintment as reg	istered	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE:  **OFFICERS AND DIRECTORS		But Industring Lendo: 4	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTOR	RS IN 12	ĝ
THE PRES. / Sec.	DELETE	13.				Addition	] ;
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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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I em 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, ar on an attachment with an address, with all other like empowered.

SIGNATURE: 2

CITY-ST-ZIP