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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S19758** (9)

1. Corporation Name
NUPIPE SOUTHEAST, INC.



Principal Place of Business

**11511 PHILLIPS HWY S
JACKSONVILLE FL 32256**

Mailing Address

**PO BOX 41629
JACKSONVILLE FL 32203-1629
US**

3. Date Incorporated or Qualified
12/19/1990

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSTON, BARBARA C.
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

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, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
BAIRD, JAMES J JR

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

TITLE

2.1 TITLE

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

TITLE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

TITLE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

**D
BAIRD, JAMES J JR
11511 PHILLIPS HWY S
JACKSONVILLE FL**

**V
ADDERHOLD, TERRY W
6507 BURNHAM CIR
PONTE VEDRA BCH FL**

**VD
LONG, WILLIAM J
3753 W JACKSON BLVD
BIRMINGHAM AL**

**D
MARINELLI, MICHAEL X
7821 STRATFORD DR
BETHESDA MD**

**V
HAYES, J THOMAS JR
11511 PHILLIPS HWY SO
JACKSONVILLE FL**

**V
SCUDDER, FRANK
12507 MUSCOVY DR
JACKSONVILLE FL**

**D
Jerome Kalishman
18022 Edison Avenue
Chesterfield, MO 63017**

**D
Robert W. Affholder
18022 Edison Avenue
Chesterfield, MO 63017**

**S, T
Joseph F. Olson
18022 Edison Avenue
Chesterfield, MO 63017**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

J.J. Baird, Jr., President

2/8/96

904-262-5802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)