

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1990	3a. Date of Last Report 02/21/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 59-3042417	Applied For Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	25	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE - Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, JAMES J JR	1.2 NAME	
STREET ADDRESS	11511 PHILLIPS HWY S	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDERHOLD, TERRY W	2.2 NAME	
STREET ADDRESS	6507 BURNHAM CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALISHMAN, JEROME	3.2 NAME	
STREET ADDRESS	18022 EDISON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFFHOLDER, ROBERT W.	4.2 NAME	
STREET ADDRESS	18022 EDISON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, J THOMAS JR	5.2 NAME	
STREET ADDRESS	11511 PHILLIPS HWY SO	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, JOSEPH F.	6.2 NAME	
STREET ADDRESS	18022 EDISON AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	6.4 CITY-ST-ZIP	

14. I do 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; 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 shown, or on an attachment with an address.

SIGNATURE:

J. J. Baird, Jr.

3/3/97

904/262-5802

CR2E034 (9/96)