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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V06890

(0)

1. Corporation Name

GULF ISLAND PIPE, INC.

Principal Place of Business

2340 BRUNER LANE
FT MYERS FL 33912
US

Mailing Address

2340 BRUNER LANE
FORT MYERS FL 33912-1907
US

3. Date Incorporated or Qualified

01/15/1992

3a. Date of Last Report

04/04/1996

4. FEI Number

65-0310236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JUNGERS, CARL
9315 WINDLAKE DRIVE
FT. MYERS FL 33912

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME JUNGERS, CARL
STREET ADDRESS 9315 WINDLAKE DR
CITY-ST-ZIP FT MYERS FL

TITLE VP ☐ DELETE

NAME JUNGERS, PATRICIA
STREET ADDRESS 9315 WINDLAKE DR.
CITY-ST-ZIP FT. MYERS FL

TITLE T ☐ DELETE

NAME JUNGERS, DANIEL
STREET ADDRESS 12314 EQUITROIN DR.
CITY-ST-ZIP FT. MYERS FL

TITLE VP ☐ DELETE

NAME O'BRIEN, JAMES
STREET ADDRESS 9315 WINDLAKE DRIVE
CITY-ST-ZIP FORT MYERS FL

TITLE VP ☐ DELETE

NAME TRUEX, ALAN
STREET ADDRESS 8457 WREN ROAD
CITY-ST-ZIP FORT MYERS FL

TITLE VP ☐ DELETE

NAME JAMESON, PHILLIP
STREET ADDRESS 19355 PINE GLEN DRIVE
CITY-ST-ZIP FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

DANIEL JUNGERS 2/5/97 (941) 482-7750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)