
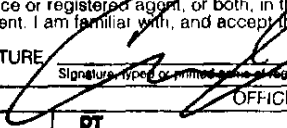
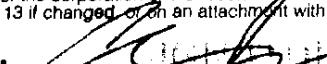


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Moram 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 US	
2. Principal Place of Business 21 13160 RICKENBACKER PKWY Suite, Apt. #, etc. 22 City & State 23 FORT MYERS, FL Zip 24 33913 Country		2a. Mailing Address 26 13160 RICKENBACKER PKWY Suite, Apt. #, etc. 27 City & State 28 FORT MYERS, FL Zip 29 33913 Country	
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 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 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  DATE 1-27-98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE:  DATE **1-27-98**

CR2E034 (10/97)