

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90015 047 ***150.00

DOCUMENT # V06890

1. Corporation Name

GULF ISLAND PIPE, INC.

Principal Place of Business

13160 RICKENBACKER PKWY
FT MYERS FL 33913
US

Mailing Address

13160 RICKENBACKER PKWY
FORT MYERS FL 33913
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

JUNGERS, CARL
9315 WINDLAKE DRIVE
FT. MYERS FL 33912

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SECRETARY
DAVID BEDNAREK
2112 W 125 VAN LOAN TERRACE
CAPE CORAL, FL 33909

☐ Change ☒ Addition

TITLE VP ☐ DELETE
NAME JUNGERS, DAVID
STREET ADDRESS 3710 SUNLAND
CITY-ST-ZIP ESTERO FL 33928

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T ☐ DELETE
NAME JUNGERS, DANIEL
STREET ADDRESS 22178 SEASHORE CIR
CITY-ST-ZIP ESTERO FL 33928

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP ☐ DELETE
NAME JUNGERS, DOUG
STREET ADDRESS 9315 WINDLAKE DRIVE
CITY-ST-ZIP ROGERSVILLE MO 65742

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Bednarek

941-768-3300

CR2E034 (11/98)

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