FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:53

DOCUMENT # **V68824** **(4)**

1. Corporate Name
RIDIN PIPELINE SERVICES, INC.

Principal Place of Business
PO BOX 13627
TAMPA FL 33681

Mailing Address
PO BOX 13627
TAMPA FL 33681

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1992
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3150130 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip 25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

BOGGS, DAVID M
111 MADISON ST
SUITE 2333
TAMPA FL 33602

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COOPER, DELYNDA
STREET ADDRESS	5320 S WESTSHORE BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	ST
NAME	COOPER, DELYNDA
STREET ADDRESS	5320 S WESTSHORE BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	DV
NAME	COOPER, RICK
STREET ADDRESS	5320 S WESTSHORE BLVD
CITY-ST-ZIP	TAMPA FL
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

(Sections 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, each with ☐ Change ☐ Addition — all blank)

REMITTED BY MAY 1

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)(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: Delynda Cooper / Pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-20-95 Daytime Phone #: 813 8390058

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