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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 JAN 24 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 810432 (5)

1. Corporation Name

INDUSTRIAL PIPING, INC.



Principal Place of Business

ROUTE 1 DOWNS RD  
POB 518  
PINEVILLE NC 28134

Mailing Address

ROUTE 1 DOWNS RD  
POB 518  
PINEVILLE NC 28134

3. Date Incorporated or Qualified  
07/01/1955

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 not applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CTD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME JONES, R L  
STREET ADDRESS 1 BYRSONIMA CT W  
CITY-ST-ZIP HOMOSASSA FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME JONES, M L  
STREET ADDRESS 2740 HAMPTON AVENUE  
CITY-ST-ZIP CHARLOTTE, NC 00000

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME MAUNEY, W.C.  
STREET ADDRESS 342 E LIBERTY ST 4525 landmark Dr.  
CITY-ST-ZIP YORK SC - Rock Hill, S.C. 29732

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME EDDLEMAN, L.W.  
STREET ADDRESS ROUTE 6, BOX 433  
CITY-ST-ZIP MOORESVILLE NC

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. W. Eddleman Secretary/Asst. Treas. 1-19-96 704-588-1100

Date

Daytime Phone #

CR2E034 (12/95)