

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810432 (5)
1. Corporation Name
INDUSTRIAL PIPING, INC.

Principal Place of Business 800 CULP ROAD POB 518 PINEVILLE NC 28134 US	Mailing Address 800 CULP ROAD POB 518 PINEVILLE NC 28134 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/01/1955	
4. FEI Number 56-0578325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

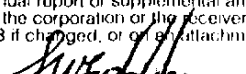
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CTD	<input type="checkbox"/> DELETE
NAME	JONES, R L	
STREET ADDRESS	1 BYRSONIMA CT W	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, M L	
STREET ADDRESS	2740 HAMPTON AVENUE	
CITY-ST-ZIP	CHARLOTTE, NC 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAUNEY, W.C.	
STREET ADDRESS	4525 LANDMARK DRIVE	
CITY-ST-ZIP	ROCK HILL SC 29732	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EDDLEMAN, L.W.	
STREET ADDRESS	ROUTE 6, BOX 433	
CITY-ST-ZIP	MOORESVILLE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6 Byrsonima Circle
1.4 CITY-ST-ZIP	Homosassa, FL 34446
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2740 Hampton Avenue
2.4 CITY-ST-ZIP	Charlotte, NC 28207
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	155 Lakeland Road
4.4 CITY-ST-ZIP	Mooreville, NC 28115
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  L. W. Eddleman Secretary/Asst. Tre 429P 704-588-1100

CR2E034 (10/97)