

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

FILED
Apr 01 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P34308 (7)

1. Corporation Name
SOUTHEAST PIPE SURVEY, INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 3523 WILLIAMS ST PATTERSON GA 31557 US | Mailing Address PO BOX 477 PATTERSON GA 31557 US |
|--|--|

3. Date Incorporated or Qualified
06/06/1991

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

4. FEI Number
58-1664594

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MARCELLE WAINRIGHT
 6902 STRATEMEYER DRIVE
 ORLANDO FL 32830**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
346 Killington Way
 83
 84 City **Orlando, FL** 85 Zip Code **32835**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERRIN, DAVID R. | 1.2 NAME | |
| STREET ADDRESS | POLLY STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PATTERSON GA | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THORNTON, WILLIS A. | 2.2 NAME | |
| STREET ADDRESS | ROUTE 1 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PATTERSON GA | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, NANCY L. | 3.2 NAME | |
| STREET ADDRESS | 611 KENWOOD DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WAYCROSS GA | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Nancy L. Smith - Nancy L. Smith 3/25/98 912-647-2447*

CR2E034 (10/97)