Current Mailing Address:					
P.O. BOX 92					
SNELLVILLE	E, GA 30078 US				
FEI Number: 59-3278793			Certificate of Status Desired: No		
Name and Address of Current Registered Agent:					
WEBER, SYLVIA D 10739 DEERWOOD PARK BLVD SUITE 103 JACKSONVILLE, FL 32256 US					
JACKSONVILLI	E, FL 32230 US				
	e, FL 32230 03	tered office or regis	tered agent, or both, in the State of Florida.		
	d entity submits this statement for the purpose of changing its regist	tered office or regis	tered agent, or both, in the State of Florida.		
The above named	d entity submits this statement for the purpose of changing its regist	tered office or regis	tered agent, or both, in the State of Florida. Date		
The above named	entity submits this statement for the purpose of changing its regist EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE	tered office or regist			
The above named	entity submits this statement for the purpose of changing its regist EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE	tered office or regis			
The above named SIGNATURE Officer/Dire	entity submits this statement for the purpose of changing its regist E: Electronic Signature of Registered Agent		Date		
The above named SIGNATURE Officer/Direc Title	entity submits this statement for the purpose of changing its regist Electronic Signature of Registered Agent Ctor Detail : CFO, SECRETARY, TREASURER	Title	Date DIRECTOR, CEO, PRESIDENT		

# Entity Name: MANDAL PIPE COMPANY

### **Current Principal Place of Business:**

**50 GRAYSON INDUSTRIAL PARKWAY** GRAYSON, GA 30017

## Current Mailing Address

DOCUMENT# P94000081820

### I

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BETSY BUCKLAND

Electronic Signature of Signing Officer/Director Detail

SECRETARY

04/05/2016 Date

FILED Apr 05, 2016 Secretary of State CC6576696297

Officer/Director Detail :				
Title	CFO, SECRETARY, TREASURER	Title	DIRECTOR, CEO, PRESIDENT	
Name	BUCKLAND, BETSY	Name	BUCKLAND, W.E.	
Address	50 GRAYSON INDUSTRIAL PARKWAY	Address	50 GRAYSON INDUSTRIAL PARKWAY	
City-State-Zip:	GRAYSON GA 30017	City-State-Zip:	GRAYSON GA 30017	