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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **841491** **(4)**

1. Corporation Name
MILBAR HYDRO-TEST, INC.

Principal Place of Business	Mailing Address
651 AERO DR SHREVEPORT LA 71107	651 AERO DR SHREVEPORT LA 71107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/22/1978	05/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 72-0793598	Applied For Not Applicable
Suite Apt. # etc. 22	Suite Apt. # etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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 Section 607.1005 and 607.1008, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A, D)
V ACREE,JERRY L. 7516 KEMPTON PARK SHREVEPORT, LA 00000	☐ Change ☐ Addition
P BARNES, C D 238 ROSSITTER SHREVEPORT, LA 00000	☐ Change ☐ Addition
D SHIRLEY,R.H. 1157 GOODSBERRY SHREVEPORT, LA 00000	☐ Change ☐ Addition
ST MILES, LEO JR. 117 SUMMIT DRIVE BOSSIER CITY LA	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is true, accurate 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a principal or officer 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 13 above, or on an attachment with all other like empowered.

SIGNATURE: [signature] 5/1/95 318-227-8210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

040433 FN