

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 MAY -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **841491** (4)

1. Corporation Name

MILBAR HYDRO-TEST, INC.

Principal Place of Business

651 AERO DR
SHREVEPORT LA 71107

Mailing Address

651 AERO DR
SHREVEPORT LA 71107

DO NOT WRITE IN THIS SPACE

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

4. FBI Number 72-0793598
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 has liability for intangible tax under S. 196(1)(c), Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

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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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8) 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 607.15(8), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for Change of Registered Agent)

Signature of Registered Agent (Required for Change of Registered Office)

Signature of Registered Agent (Required for Change of Registered Office)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1/2)

1. NAME V
ACREE, JERRY L.
7516 KEMPTON PARK
SHREVEPORT, LA 00000
2. NAME P
BARNES, C D
238 ROSSITER
SHREVEPORT, LA 00000
3. NAME D
SHIRLEY, R.H.
1157 GOODSBERY
SHREVEPORT, LA 00000
4. NAME ST
MILES, LEO JR.
117 SUMMIT DRIVE
BOSSIER CITY LA
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I further certify that this information is submitted as the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the manager or member empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or in an affidavit with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

318-227-8210