

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1988.
AMOUNT DUE ON OR BEFORE 6/30/88: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:56

DOCUMENT # K16142 (7)
 1. Corporation Name
HYDRAULIC INTERLOCK SYSTEMS INCORPORATED

Principal Place of Business Mailing Address
% GISELA T. MATTHEWS **% GISELA T. MATTHEWS**
P O BOX 1757 **P O BOX 1757**
CAPE CORAL FL 33910 **CAPE CORAL FL 33910**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/22/1988 **05/01/1984**

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

4. FEI Number Applied For
05-0041985 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. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MATTHEWS, GISELA T.
2838-A SW 7TH PL
CAPE CORAL FL 33914

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
FL

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: Gisela T. Matthews VP/D/S 6/27/95

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PTD |
| NAME | MATTHEWS, THOMAS A. |
| STREET ADDRESS | 2838-A SW 7TH PL |
| CITY, ST, ZIP | CAPE CORAL FL |
| TITLE | SD |
| NAME | MATTHEWS, GISELA T. |
| STREET ADDRESS | 2838-A SW 7TH PL |
| CITY, ST, ZIP | CAPE CORAL FL |
| TITLE | VSD |
| NAME | THOMAS, DONALD H |
| STREET ADDRESS | 1842 S.E. 2ND ST. |
| CITY, ST, ZIP | CAPE CORAL FL |
| TITLE | D |
| NAME | WROTEN, MELVIN O |
| STREET ADDRESS | 2804 SW 37TH TERR |
| CITY, ST, ZIP | CAPE CORAL FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY, ST, ZIP | |
| 7. TITLE | VP/D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY, ST, ZIP | |
| 31. TITLE | Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | Delete |
| 33. STREET ADDRESS | Delete |
| 34. CITY, ST, ZIP | Delete |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY, ST, ZIP | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY, ST, ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Gisela T. Matthews Gisela T. Matthews 6/27/95 (941)772-4490

CR2E034 (3/95)