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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M64219

1. Corporation Name
SUPERIOR HYDRAULICS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1497 CR 416
LAKE PANASOFFKEE FL 33538
US

2690 CTR 416 N
LAKE PANASOFFKEE FL 33538
US

3. Date Incorporated or Qualified

01/04/1988

2. Principal Place of Business

2a. Mailing Address

21 2690 C.R. 416 N

26 2690 C.R. 416 N

4. FEI Number

59-2866898

Applied For

Not Applicable

22 Suite, Apt. #; etc.

27 Suite, Apt. #; etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

LAKE PANASOFFKEE FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip 33538 25 Country

29 Zip 30 Country

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POJMAN, DONALD K. & JULIE L.
2690 C.R. 416 N
LAKE PANASOFFKEE FL 33538

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME POJMAN, DONALD KENNETH
STREET ADDRESS 2690 C.R. 416N
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME POJMAN, JULIE LYNNE
STREET ADDRESS 2690 C.R. 416N
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Julie Lynne Pojman

Date 3/16/99

Daytime Phone # 352-568-1106

CR2E034 (1/98)