

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

FLORIDA  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 28 PM 4: 02**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 247397 (3)**

1. Corporation Name  
**HYDRAULIC MACHINERY, INC.**

Principal Place of Business Mailing Address

**5024 N. 56TH STREET TAMPA FL 33610**      **5024 N. 56TH STREET TAMPA FL 33610**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **05/11/1961** 3a. Date of Last Report **03/29/1994**

4. FEI Number **59-0975079** 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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CROWDER, J.M.**  
**3614 WEST KENNEDY BLVD.**  
**TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**3614-C West Kennedy Blvd.**

83

84 City **Tampa** FL 85 Zip Code **33609-2802**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	<b>CALFEE, CRAWFORD</b>
STREET ADDRESS	<b>512 S ST CLOUD AVE</b>
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>
TITLE	S
NAME	<b>CALFEE, VIRGINIA</b>
STREET ADDRESS	<b>512 S ST CLOUD AVE</b>
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>
TITLE	V
NAME	<b>CALFEE, CARLTON</b>
STREET ADDRESS	<b>5024 NORTH 56TH STREET</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	V
NAME	<b>CALFEE, JOHN</b>
STREET ADDRESS	<b>5024 NORTH 56TH STREET</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 change) on an attachment with an address.

SIGNATURE: *John Calfee* **John Calfee**      2/20/95      8136218002

DATE      NAME (PHONE #)