FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **247397** **(3)**

1. Corporation Name
HYDRAULIC MACHINERY, INC.

Principal Place of Business
5024 N. 56TH STREET
TAMPA FL 33610

Mailing Address
5024 N. 56TH STREET
TAMPA FL 33610

3. Date Incorporated or Qualified: 05/11/1961
3a. Date of Last Report: 02/28/1995
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

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
CALFEE, JOHN P
5024 N. 56TH ST.
TAMPA FL 33610

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 607.0502 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 ______

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
1					☐ Change ☐ Addition
2					☐ Change ☐ Addition
3					☐ Change ☐ Addition
4					☐ Change ☐ Addition
5					☐ Change ☐ Addition
6					☐ Change ☐ Addition

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 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.

SIGNATURE: [signature] John Calfee 3/7/96 8136218000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)