

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 247397

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**

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90089 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1961

4. FEI Number

59-0975079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALFEE, JOHN P
5024 N. 56TH ST.
TAMPA FL 33610**

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 ☐ DELETE

NAME
PT
CALFEE, CRAWFORD
STREET ADDRESS
512 S ST CLOUD AVE
CITY-ST-ZIP
VALRICO, FL 33594

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
S
CALFEE, VIRGINIA
STREET ADDRESS
512 S ST CLOUD AVE
CITY-ST-ZIP
VALRICO, FL 33594

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
V
CALFEE, CARLTON
STREET ADDRESS
5024 NORTH 56TH STREET
CITY-ST-ZIP
TAMPA FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
V
CALFEE, JOHN
STREET ADDRESS
5024 NORTH 56TH STREET
CITY-ST-ZIP
TAMPA FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

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 recorder 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

Date

Daytime Phone #

CR2E034 (1/98)