

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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # 352816 (3)

1. Corporation Name

SOUTH FLORIDA HYDRAULIC SERVICE, INC



Principal Place of Business

5605 WEST 14TH COURT
HIALEAH FL 33012

Mailing Address

5605 WEST 14TH COURT
HIALEAH FL 33012

3. Date Incorporated or Qualified

09/25/1969

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1294148

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

10. Name and Address of New Registered Agent

LINCOLN, JAMES
5605 W. 14TH CT
HIALEAH FL

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation (Typed name of signing officer or director)

Printed Name of Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

PD
NAME LINCOLN, JAMES
STREET ADDRESS 5605 W. 14 COURT
CITY - ST - ZIP HIALEAH FL

2. TITLE ☐ DELETE

VD
NAME WSUSMAN, ROBERT
STREET ADDRESS 5605 W. 14 COURT
CITY - ST - ZIP HIALEAH FL

3. TITLE ☐ DELETE

SD
NAME LINCOLN, MONNA
STREET ADDRESS 5605 W. 14 COURT
CITY - ST - ZIP HIALEAH FL

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1. 1. TITLE

1. 2. NAME

1. 3. STREET ADDRESS

1. 4. CITY - ST - ZIP

2. 1. TITLE

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY - ST - ZIP

3. 1. TITLE

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY - ST - ZIP

4. 1. TITLE

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY - ST - ZIP

5. 1. TITLE

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY - ST - ZIP

6. 1. TITLE

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

Monna M. Lincoln MONNA M. LINCOLN

2-15-96 305 821-0976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)