1999

1. Corporation Name

DOCUMENT # 837080



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90158 044 ***150.00

HYDROMATICS, INC. Principal Place of Business Mailing Address 916 BELCHER DRIVE 916 BELCHER DRIVE P.O. BOX 1389 P.O. BOX 1389 DO NOT WRITE IN THIS SPACE PELHAM AL 35124 PELHAM AL 35124 3. Date Incorporated or Qualifed 09/24/1976 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 63-0686066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required_ \$5.00 May Be **Election Campaign Financing** Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KINSEY, ROY M. JR. 82 Street Address (P.O. Box Number is Not Acceptable) 310 EAST GOVERNMENT ST. PENSACOLA FL 32501 83 84 City 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 requ CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12 Addition □ DELETE 1.1 TITLE ☐ Change TITLE NAME AMES, JOHN W 12 NAME STREET ADDRESS 916 BELCHER DRIVE 1.3 STREET ADDRESS PELHAM AL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE **VPS** 2.1 TITLE AMES, VICKIE H. 2.2 NAME NAME STREET ADDRESS 916 BELCHER DRIVE 2.3 STREET ADDRESS CITY-ST-ZIP PELHAM AL 2.4 CITY-ST-ZIP Addition ☐ DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE T) Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 63 STREET ADDRESS 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

1-15.99

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