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

PROFIT CORPORATION ANNUAL REPORT

1998

Branch Linesis

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F95000000212 (9) DOCUMENT #

HYDROLEC LIMITED, INC.

Principal Place of Business

FILED Apr 08 1998 8:00am Secretary of State



IRELAND

Mailing Address 5050 STEPP AVENUE 5050 STEPP AVENUE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>0</u>1/13/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 21 26 98-0138016 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name ZEHMER, JOHN M 6620 SOUTHPOINT DRIVE SOUTH, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32216 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11TITLE FITZGERALD, JOHN 1.2 NAME NAME MOUNT VERDON, ROCHESTOWN ROAD STREET ADDRESS 1,3 STREET ADDRESS CORK, IRELAND CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE NAME BANNAN, PHILIP G 2.2 NAME 2 RIVER HEIGHTS, BRADDAN STREET ADDRESS 2.3 STREET ADDRESS ISLE OF MAN CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE BANNAN, ANNE P 3.2 NAME 2 RIVER HEIGHTS, BRADDAN STREET ADDRESS 3.3 STREET ADDRESS ISLE OF MAN CITY-SY-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 of supplemental agricular 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if enamed of on an attackmont/with an address.

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