

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000002250 (7)**

1. Corporation Name

C & C HYDRAULICS, INC.



Principal Place of Business

**WOLCOTT ROAD
TERRYVILLE CT 06786**

Mailing Address

**WOLCOTT ROAD
TERRYVILLE CT 06786**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

4. FEP Number

06-0963658

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

**CRONIN, CHARLES E
11 SW 4TH AVE #23
BOCA RATON FL 33432**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of Corporation

Signature of Registered Agent or Secretary of Corporation

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1. TITLE ☐ Change ☐ Addition
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY, ST, ZIP	4. CITY, ST, ZIP
5. TITLE	5. TITLE ☐ Change ☐ Addition
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY, ST, ZIP	8. CITY, ST, ZIP
9. TITLE	9. TITLE ☐ Change ☐ Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP
13. TITLE	13. TITLE ☐ Change ☐ Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY, ST, ZIP	16. CITY, ST, ZIP
17. TITLE	17. TITLE ☐ Change ☐ Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY, ST, ZIP	20. CITY, ST, ZIP

**PS
CRONIN, ANNIE I
RT #1 SUNSET ROAD
PLYMOUTH CT 06782**

**V
CRONIN, CHARLES JR
534 THREE MILE HILL RD
MIDDLEBURY CT 06762**

**T
CRONIN, CHARLES E SR
11 SW 4TH AVE #23
BOCA RATON FL 33432**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE:

Charles Cronin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-96
DATE

860-582-0308
Telephone Number

CR2E034 (12/95)