ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H48623 (3)

1. Corporation Name
HAMPTON HYDRAULICS, INCORPORATED

Principal Place of Business	Mailing Address
% LOWELL EUGENE HAMPTON 90 EAST 4TH STREET ORLANDO FL 32824 US	% LOWELL EUGENE HAMPTON 90 EAST 4TH STREET ORLANDO FL 32824 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1985
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 59-2586210 ☐ 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

HAMPTON, LOWELL EUGENE
90 EAST 4TH STREET
ORLANDO FL 32824

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DP NAME HAMPTON, LOWELL EUGENE STREET ADDRESS 4526 SOUTHMORE DR. CITY-ST-ZIP ORLANDO FL	11 TITLE P ☒ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP President CLARENCE E. HAMPTON 6210 Randolph Street Orlando, Florida 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE V ☒ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP Vice President MICHAEL A. HAMPTON 924 East Fillmore Avenue Orlando, Florida 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE S ☒ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP Secretary/Treasurer MARY J. HAMPTON 4526 Southmore Drive Orlando, Florida 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE T ☒ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP Treasurer MARY J. HAMPTON 4526 Southmore Drive Orlando, Florida 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP LP 4/6

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)(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.

SIGNATURE: Mary J. Hampton March 31, 1995 407-851-3246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARY J. HAMPTON, Sec./Treas.

000488 CP