

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

DOCUMENT # J85196 (0)

1. Corporation Name

ALLIED HYDRO-BLASTERS, INC.



Principal Place of Business

Mailing Address

**2119 W. BRANDON BLVD.
SUITE K
BRANDON FL 33511
US**

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SUITE K
BRANDON FL 33511
US**

3. Date Incorporated or Qualified

07/27/1987

3a. Date of Last Report

06/27/1995

4. FEI Number

65-0130890

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

2. Principal Place of Business

21 2003 Oakwood Knoll Ct

2a. Mailing Address

26 P.O. Box 1287

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Valrico, FL

City & State

28 Brandon, FL

Zip

24 33594

Country

25 USA

Zip

29 33509

Country

30 USA

9. Name and Address of Current Registered Agent

**BOYD, CHARLES W.
2003 OAKWOOD KNOLL COURT
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name

Clifton C. Curry, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

750 W. Lumsden

83

84 City

Brandon,

FL

85 Zip Code

33511

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

CLIFTON C. CURRY, JR.

3/14/96

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **BOYD, CHARLES, W**
STREET ADDRESS **2003 OAK KNOLL CT**
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: **Charles W. Boyd** Charles W. **3-13-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boyd

Date

Daytime Phone #

8136610066

CR2E034 (12/95)