

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K16142 (7)**
1. Corporation Name
HYDRAULIC INTERLOCK SYSTEMS INCORPORATED



Principal Place of Business

Mailing Address

% GISELA T. MATTHEWS
P O BOX 1757
CAPE CORAL FL 33910

% GISELA T. MATTHEWS
P O BOX 1757
CAPE CORAL FL 33910

| | |
|---|--|
| 3. Date Incorporated or Qualified 02/22/1988 | 3a. Date of Last Report 06/30/1995 |
| 4. FEI Number 65-0041965 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

2. Principal Place of Business

2a. Mailing Address

| | |
|-------------------------|-------------------------|
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEWS, GISELA T.
2938-A SW 7TH PL
CAPE CORAL FL 33914

| | |
|--|----|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|--|
| TITLE | PTD | 1.1 TITLE | |
| NAME | MATTHEWS, THOMAS A. | 1.2 NAME | |
| STREET ADDRESS | 2938-A SW 7TH PL | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CAPE CORAL FL | 1.4 CITY - ST - ZIP | |
| TITLE | VDS | 2.1 TITLE | |
| NAME | MATTHEWS, GISELA T. | 2.2 NAME | |
| STREET ADDRESS | 2938-A SW 7TH PL | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CAPE CORAL FL | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | WROTEN, MELVIN O | 3.2 NAME | |
| STREET ADDRESS | 2804 SW 37TH TERR | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CAPE CORAL FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Gisela T. Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GISELA T. MATTHEWS

7/1/96

DATE

(941) 772-4490

DAYTIME PHONE #

CR2E034 (3/96)