FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96732 (6)

1. Corporation Name

~~HYDRO PARTS, INC.~~

Hydro Aluminum Puckett, Inc.

200001476872
-05/05/95--01020--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
HIGHWAY 18 PO BOX 306 PUCKETT MS 39151	HIGHWAY 18 PO BOX 306 PUCKETT MS 39151

3. Date Incorporated or Qualified: 08/31/1988
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2937734 ☐ 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	10. Name and Address of New Registered Agent
LAURIDSEN, LAURIDS 100 GUS HIPP BOULEVARD ROCKLEDGE FL 32955	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 607.1506, 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 (and printed name) of registered agent and the President) (NEW Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☑ Change ☐ Addition
NAME	BOEHMAN, RICHARD J.	12 NAME		
STREET ADDRESS	26261 EVERGREEN RD., 450	13 STREET ADDRESS	Route de Chavannes 31	
CITY ST ZIP	SOUTHFIELD MI	14 CITY ST ZIP	CH-1007 Lausanne, Switzerland	
TITLE	V	21 TITLE	P/D	☑ Change ☐ Addition
NAME	WARD, FRANK	22 NAME		
STREET ADDRESS	HIGHWAY 18, PO BOX 306	23 STREET ADDRESS		
CITY ST ZIP	PUCKETT MS	24 CITY ST ZIP		
TITLE	STD	31 TITLE	delete	☑ Change ☐ Addition
NAME	LAURIDSEN, LAURIDS	32 NAME		
STREET ADDRESS	26261 EVERGREEN RD #450	33 STREET ADDRESS		
CITY ST ZIP	SOUTHFIELD MI	34 CITY ST ZIP		
TITLE		41 TITLE	S/T	☐ Change ☑ Addition
NAME		42 NAME	Michael S. Thornton	
STREET ADDRESS		43 STREET ADDRESS	Highway 18, P.O. Box 306 NK	
CITY ST ZIP		44 CITY ST ZIP	Puckett, MS 39151	
TITLE		51 TITLE	5/11/95 MST	☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 with an address.

SIGNATURE: _____ Frank Ward, President 21 Apr 95 601-935-1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487706 FN