SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:25

DOCUMENT # **P18612** **(2)**

1. Corporation Name
HAMON COOLING TOWERS, INC.

Principal Place of Business	Mailing Address
245 U.S. HIGHWAY 22 WEST BRIDGEWATER NJ 08807	245 U.S. HIGHWAY 22 WEST BRIDGEWATER NJ 08807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1988
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: PO Box 6930
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Bridgewater NJ
Zip — 24:
Country — 25:
Zip — 29: 08807
Country — 30:

4. FEI Number: 22-2270774 ☐ 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

LEVIN, ALVIN P.
6370 ASPEN GLEN CIRCLE
BOYNTON BEACH FL 33437

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☒ Change ☐ Addition
NAME	BILLINGTON, MICHAEL	12 NAME	Billington, Michael	
STREET ADDRESS	245 U.S. HWY 22 W	13 STREET ADDRESS	245 U.S. Highway 22W	
CITY ST ZIP	BRIDGEWATER NJ	14 CITY ST ZIP	Bridgewater, NJ 08807	
TITLE	D	21 TITLE	P	☐ Change ☒ Addition
NAME	HAMON, JEAN	22 NAME	Wurtz, William	
STREET ADDRESS	50-58 RUE CAPOUILLET	23 STREET ADDRESS	245 US Highway 22W	
CITY ST ZIP	BELGIUM HAMONSOBELCO	24 CITY ST ZIP	Bridgewater, NJ 08807	
TITLE	STD	31 TITLE	S	☒ Change ☐ Addition
NAME	DEGAVRE, GEORGES	32 NAME	Lynch, Dennis	
STREET ADDRESS	50-58 RUE CAPOUILLET	33 STREET ADDRESS	245 US Highway 22W	
CITY ST ZIP	BELGIUM HAMONSOBELCO	34 CITY ST ZIP	Bridgewater, NJ 08807	
TITLE	D	41 TITLE	STD	☒ Change ☐ Addition
NAME	GILBERT, JEAN	42 NAME	DeGavre, Georges	Delete
STREET ADDRESS	50-58 RUE CAPOUILLET	43 STREET ADDRESS	50-58 Rue Capouillet	
CITY ST ZIP	BELGIUM HAMONSOBELCO	44 CITY ST ZIP	Belgium Hamonsobelco	
TITLE	AS	51 TITLE	D	☒ Change ☐ Addition
NAME	LYNCH, DENNIS	52 NAME	Hamon, Jean	Delete
STREET ADDRESS	245 U.S. HWY. 22 W.	53 STREET ADDRESS	50-58 Rue Capouillet	
CITY ST ZIP	BRIDGEWATER NJ	54 CITY ST ZIP	Belgium Hamonsobelco	
TITLE	CD	61 TITLE		☐ Change ☐ Addition
NAME	LAMBILLIOTTE, FRANCIS	62 NAME		
STREET ADDRESS	50-58 RUE CAPOUILLET	63 STREET ADDRESS		
CITY ST ZIP	BELGIUM HAMONSOBELCO	64 CITY ST ZIP		

CR2E034 (3/95)

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: Dennis Lynch 6/6/95 908-725-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178403 FN