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 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39470** **(0)**

1. Corporation Name
HYCON, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 137 ALTON AL 35015	POST OFFICE BOX 137 ALTON AL 35015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1992**
3a. Date of Last Report: **06/20/1994**

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

4. FEI Number: **63-0937515** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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	11 TITLE	☐ Change ☐ Addition
NAME	HYATT, TERRANCE L.	12 NAME	
STREET ADDRESS	505 WORTHINGTON DR.	13 STREET ADDRESS	
CITY-ST-ZIP	TRUSSVILLE AL	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	BRADEN, MIKE	22 NAME	
STREET ADDRESS	3400 GRAND AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, PAUL	32 NAME	
STREET ADDRESS	9550 HICKMAN ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	CLIVE IA	34 CITY-ST-ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	HOWELL, MIKE	42 NAME	
STREET ADDRESS	3400 GRAND AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ 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 if changed, or on an attachment with an address.

SIGNATURE: Terrance L. Hyatt — Terrance L. Hyatt — 4/26/95 — (412) 331-3000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
President

0487293 FN