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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:23

DOCUMENT # P39643 (2)

1. Corporation Name

HYDROLOGIC FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5776 HOFFNER AVE
ORLANDO FL 32822
US**

Mailing Address

**14 SO PACK SQ
STE 500
ASHEVILLE NC 28801
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1992

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

4. FEI Number

56-1783281

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 ROAD
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

Signature of Agent for Change of Registered Office and Registered Agent

Signature of Registered Agent for Change of Registered Office and Registered Agent

(Date)

12. OFFICERS AND DIRECTORS

12.1

PD

NAME

BARR, THOMAS R.

STREET ADDRESS

14 SO PACK SQ STE 500

CITY, ST, ZIP

ASHEVILLE NC

12.2

V

NAME

BARR, ROBERT P.

STREET ADDRESS

122 LYMAN STREET, STE. 1

CITY, ST, ZIP

ASHEVILLE NC

12.3

V

NAME

FRIEBERG, GEORGE R.

STREET ADDRESS

14 SO PACK SQ, STE 500

CITY, ST, ZIP

ASHEVILLE NC

12.4

C

NAME

SNYDER, MARK W.

STREET ADDRESS

14 SO PACK SQ STE 500

CITY, ST, ZIP

ASHEVILLE NC

12.5

V

NAME

KEMP, LES

STREET ADDRESS

2082 TRADE CENTER WAY #103

CITY, ST, ZIP

NAPLES FL

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

☒ Change ☐ Addition

13.2

NAME

13.3

STREET ADDRESS

13.4

CITY, ST, ZIP

Asheville, NC 28801

13.5

NAME

13.6

STREET ADDRESS

13.7

CITY, ST, ZIP

Delete

13.8

NAME

13.9

STREET ADDRESS

13.10

CITY, ST, ZIP

Asheville, NC 28801

13.11

NAME

13.12

STREET ADDRESS

13.13

CITY, ST, ZIP

Asheville, NC 28801

13.14

NAME

13.15

STREET ADDRESS

13.16

CITY, ST, ZIP

Edward J. McGowan

13.17

STREET ADDRESS

13.18

CITY, ST, ZIP

14 South Pack Square, Suite 500

13.19

NAME

13.20

STREET ADDRESS

13.21

CITY, ST, ZIP

Asheville, NC 28801

13.22

NAME

13.23

STREET ADDRESS

13.24

CITY, ST, ZIP

Naples, FL 33942

13.25

NAME

13.26

STREET ADDRESS

13.27

CITY, ST, ZIP

13.28

NAME

13.29

STREET ADDRESS

13.30

CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information included 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 of this chapter, or on an attachment with an address.

SIGNATURE:

Edward J. McGowan

EDWARD J. MCGOWAN

4/28/95

704-258-3746

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP - FINANCE