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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P92000008536 (4) **DOCUMENT #**

corporation Name				
HINDEDGDOUND	DEWATERING	SYSTEMS.	INC.	

Mailing Address Principal Place of Business 351 JOG RD NORTH 351 JOG RD NO. WEST PALM BEACH FL 33413 SUITE 201 WEST PALM BEACH FL 33413 US 3a. Date of Last Report 3. Date Incorporated or Qualified 11/26/1992 04/24/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0377422 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees **1 rust Fund Contribution** 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 HUFFMAN, KENT 251 ROYAL PALM WAY 83 SUITE 201 Zip Code 85 PALM BEACH FL 33480 84 City 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 607.0506, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when relistating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition DELETE 1 1 THTLE **PSD** 1(1) E 1.2 NAME CHESNEY, FREDERICK H NAM6 1.3 STREET ADDRESS 351 NORTH JOG ROAD STREET ADDRESS 1.4 CITY - ST - ZIP WEST PALM BEACH FL 33413 CITY - ST - ZIF Addition ☐ Change DELETE 2 1 TITLE TITLE 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 24 DITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZiP CITY-ST-ZIP Change [] Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-\$1-ZIP Change Addition DELETE 6 1 TITLE TILLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

CHESNEY

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). Flor da 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 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 certify 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 chapted, or or in attachment with an address.

4/9/96 407/689-5077

CR2E034 (12/95)