FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 06, 1999 8:00am Secretary of State

02-06-1999 90016 022 ***150.00

DOCUMENT # P93000026788

HYDRO-NUMATICS, INC.

Principal Plac	ce of Business	Ma	ailing Address							
5745 COMMERCE ST. 5745 COMMERCE ST.										
JACKSONVILLE FL 32211 US JACKSONVILLE FL 32211 US							. DO NOT W	RITE IN THIS	SPACE	
00							3. Date incorporated or Qualife		0.70	, , , , , , , , , , , , , , , , , , ,
							04/12/1993	-		
2. Principal P	Place of Business	2a.	Mailing Address				4, FEI Number	•	1	Applied For
21		26	•				59-3173227			Not Applicable
Suite, Apt. #, etc.		- - 1	Suite, Apt. #, etc.						Additional	
22		27]			5. Certifcate of Status Desired	· .	Fee	Required	
City & State			City & State			6. Election Campaign Financin	g	\$5.0	May Be	
23		28				Trust Fund Contribution	• D		d to Fees	
Zip Country			Zip Country			8. This corporation owes the current year Intangible				
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Regis	tered Agent		41	-	10. Name and Address of Nev	v Registered	Agent	
LIEN	DEDOON BEGGY C	. ' : -	• `	81	' Ni	ame				
	Derson, Peggy S 32 Ft Caroline RD			82	2 St	reet Addre	ess (P.O. Box Number is Not Acce	ptable)		
	KSONVILLE FL 32202									
JACI	KOUNVILLE FL 32202		•	83	3				1.3	
,				84	Ci	ty			85 Zi	p Code
					1	· .		FL	<u>. j </u>	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 60 of Florid	07.1508, Florida Statute la Such change was au	s, the abou	/e-na / the	med corpo	pration submits this statement for the	ne purpose of ent the appoi	changing in	its registered
agent. I a	m familiar with, and accept the obligat	tions of,	Section 607.0505, Flori	ida Statute	S.	oo poratio	:	cpt the appoi	numera do	regioteres
SIGNATURE										
}	Signature, typed or printed name of registered agen			_	ent sign	ature required	when reinstating)	DATE		
12.	OFFICERS AN	DURE	CIUKS	13.			ADDITIONS/CHANGES TO C		MINISHE.	IORS IN 12
11112								FICERS A		
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

POSISY AND TO SIGNING OFFICER OR DIRECTOR

1/15/99 (904) 743-9057