

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P93000041919 (0)

1. Corporation Name

HYDRAULIC TOOL ENGINEERING, INC.

95 APR 12 PM 10:05

Principal Place of Business

Mailing Address

137 CAPRI BLVD.
NAPLES FL 33962-8684

137 CAPRI BLVD.
NAPLES FL 33962-8684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/14/1993

03/07/1994

4. FEI Number

Applied For

65-0426120

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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

N/A

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BACH, GARY
STREET ADDRESS 137 CAPRI BLVD.
CITY-ST-ZIP NAPLES FL 33962-8684

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PS
NAME LAPP, A.L.
STREET ADDRESS 137 CAPRI BLVD.
CITY-ST-ZIP NAPLES FL 33962-8684

2.1 TITLE VP/S Change Addition
2.2 NAME LAPP, A. L.
2.3 STREET ADDRESS 137 CAPRI BLVD.
2.4 CITY-ST-ZIP NAPLES, FL. 33962-8684

TITLE VT
NAME LAPP, E.W.
STREET ADDRESS 137 CAPRI BLVD.
CITY-ST-ZIP NAPLES FL 33962-8684

3.1 TITLE E/T Change Addition
3.2 NAME LAPP, E.W.
3.3 STREET ADDRESS 137 CAPRI BLVD.
3.4 CITY-ST-ZIP NAPLES, FL. 33962-8684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(d), 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: *E.W. Lapp* E. W. Lapp 4/5/95 813-394-4402
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone #