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

**CORPORATION** ANNUAL REPORT

information indicated on this annual am an officer or director of the cappears in Block 12 or Block 12 if

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 16 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

## DOCUMENT # P93000084030 (4)

UNITED HYDRO SALES & SERVICES, INC.

Puncipal Place	e of Business	Mailing A	ddress				_					
,				OHNS INDUSTRIAL PARKWAY								
								3. Date incorporated or Qualified 12/08/1993 3a. Date of Last Report 08/09/1996				
2. Principal Pi	ace of Business	h	2a. Mailing Address				1	FEI Number	***************************************	Ar	oplied For	
21		26	A				4	<u>59-3217761</u>			of Applicable	
Suite, Apt		27					5. Certificate of Status Desired					
City & State	9	City &	State				_ I	Election Campaign Financing	r1	\$5.00		
<b>23</b> Zip	Country	28 Zip		Coun	tru	<del></del>	<del></del>	Trust Fund Contribution	<u> </u>	Added		
24	25	ļ <u>-</u>	29 30					This corporation has liability for in Florida Statutes		tax under s. ∃No	. 199.032,	
	9. Name and Address of Curr		Agent	1931				Name and Address of New Re	gistered /	gent		
BRAI	NT MOORE SAPP MACDONAL	D & WELLS P.	A.	1	91	Name						
	I. LAURA ST. E 3100			Į	<b>B2</b>	Street Addre	ess (P.	O. Box Number is Not Acceptab	le)			
,	KSONVILLE FL 32202				33							
				Ī	84	City		**************************************	FL	<b>85</b> Zip (	Code	
11. Pyrsuant t	to the provisions of Sections 607.0	502 and 607.150	8, Florida Statu	ites, the ab	OVO	-named corpo	oration	submits this statement for the p	urpose of	changing it	s registered	
office or re agent. Lai	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida, Suc ligations of, Section	n change was on 607.0505, F	authorized Iorida Statu	by tes	the corporation,	ion's bc	pard of directors, I hereby accep	it the app	ontment as	registered	
SIGNATURE												
	Sequebute, typed or proted name of registered.				Ager	nt signature require			DATE			
12.	OFFICERS A	AND DIRECTORS	DELETE	13.		<del></del>	A	DDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition	
TITLE NAME	BLACKWELL, MARK L		[ OLCEN	1.2 NAN						rmi custings	L Magniful	
STREET ADDRESS	11225 ST JOHNS INDUSTRI	AI PARKWAY				ADDRESS						
CHY-ST-ZIP	JACKSONVILLE FL 32216			1.4 GiT		· · · · · · · · · · · · · · · · · · ·						
TITLE	D		DELETE	2.1 111		- CIF		<u> </u>		Change	Addition	
NAME	BOESDORFER, L. CRAIG			2.2 NAA	ΛE					•		
STREET ADDRESS	11225 ST JOHNS INDUSTRI	AL PARKWAY		2,3 STR	EET .	ADDRESS						
CITY ST-ZIP	JACKSONVILLE FL 32216			2.4 CIT	y - S	iT-ZIP						
HILE			DELETE	3 1 TITL	E					Change	Addition	
NAME				3.2 NAN	Æ	- 1					I	
STREET ADDRESS				3.3 STR	EET /	ADDRESS						
C(1Y+S)-7IP	,			3.4. CIT		T-ZIP		· · · · · · · · · · · · · · · · · · ·		·		
TITEE			DELETE	4,1 TiTL						L Change	Addition	
NAME				4. 2 NA	ME						i	
STREET ADDRESS						ADDRESS						
CITY ST-2IF			DELETE	4.4 CITY		ſ-ZIP			·····	Change	Addition	
MILE			F" DECE LE	5.1 TITL						T Cusuas	[] Munitoli	
NAME				5.2 NAN		1000000					1	
STREET ADDRESS						ADDRESS						
CHY-ST-ZIP TOLE			DELETE	5.4 CIT		1-214				Change	Addition	
NAME			hand waterin	6.2 NAA		ĺ				must winning	P-00 - 1000 - 1011	
STREET ADDRESS						ADDRESS						
}				6.4 CITY								
14. I do horet	by certify that the information during	lied with this bill	does not qua	ify for the e	xer	mption stated	in Sec	tion 119.07(3)(i), Florida Statute	s. I further	certify that	the	
informatio I am an of	by certify that the information during indicated on this annual of the company of	r suplement	nnutreportin	true and ac	ccu (eci	rate and that i ute this report	my sig	inature shall have the same lega quired by Chapter 607, Florida S	l effect as tatutes, a	if made un nd that my i	der oath; that name	

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