

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **994 0000 31775**

1. Corporation Name

Fluid Power of Florida, Inc.

APPROVED
AND
FILED

95 MAY -1 14 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001471937

-05/02/95--01160--005

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Office Address: 6270 Edgewater Dr, Suite 3600
Orlando, Florida 32810
Mailing Address: Same

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite Apt # etc: 27
23. City & State: 28
24. Zip: 25
29. City & State: 30
30. Zip: 31

3. Date incorporated or Qualified: 4/25/94
3a. Date of Last Report: 4/25/94
4. FFI Number: 59-3236700
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
William Charles Warner
4447 Beaumont Drive
Orlando, Florida 32808

10. Name and Address of New Registered Agent
B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:
B4. Zip Code: FL

11. Pursuant to the provisions of Sections 607.06(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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 607.0501, Florida Statutes.

SIGNATURE: William Charles Warner
DATE: 4-21-95

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information submitted 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 owner of a franchise incorporated to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information submitted 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 owner of a franchise incorporated to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE: William C. Warner William C. Warner
DATE: 4-21-95 407-291-0690