## 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

## DOCUMENT # P95000097354

ON SITE HYDRAULICS AND EQUIPMENT REPAIRS, INC.

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90012 002 \*\*\*150.00



Principal Place								i   <b>i   i   i   i</b>   i   i   i   i   i   i					1168 BHB 1116
	of Business	Mail	ling Address				}	1 1891:081 (10 1		P)	19111199	188 (116)	Bitti Biği tağı
1828 PROVIDENCE ROAD 1828 PROVIDENCE ROAD										•			
BRANDON FL 33511 BRANDON FL 33511													
{							_		O NOT WRI	TE IN THIS	SPAC	E	<del></del>
J							3.	Date Incorporated	d or Qualifed				
A District Di			M - 90 A TA Da					01/01/1996					
<b>├</b> ── '	ace of Business	<del></del>	Mailing Address				4.	FEI Number			ļ.		plied For
Suite Ant f	t atc	26	Suito Act # ctc					<u>59-3366458</u>			*		t Applicable
Suite, Apt. #, etc.		—¬	Suite, Apt. #, etc.			5.	Certifcate of Statu	ıs Desired			./ <b>ɔ</b> A ee Re	dditional	
City & State		27	City & State					<del></del>		<del></del> -		<del></del>	
23		——	City & State				6.	Election Campaig	-				May Be
Zip	Country '	[28]		Cou	ntn.			Trust Fund Contri		·			o Fees
├ <del>──</del> ┐	25	29	-ip		шиу		8.	This corporation of		ent year int	angible Ye ∐		□No
24	9. Name and Address of Currer		red Agent	30				Personal Property  Name and Address		Pagietarad		<u> </u>	LINO
<del></del> -	9. Name and Address of Curren	iit ivegiste	ned Agent		81	Name	10.	. Name and Addit	35 OI NOW P	registered	Agent		
GASK	KINS, JAMES M			Í									
	PROVIDENCE ROAD	•			82	Street /	Address (P	ss (P.O. Box Number is Not Acceptable)					
BRAN	IDON FL 33511			İ	83			·					
				ĺ	03								
				İ	84	City	·			FL	85	Zip C	ode
11. Pursuant to	o the provisions of Sections 607.050	02 and 607	.1508. Florida Statut	tes, the at	L bove	-named	comporation	n submits this state	ment for the	purpose of	changi	na its 1	registered
office or re	gistered agent, or both, in the State n familiar with, and accept the obliga	of Florida.	. Such change was a	authorized	l by t	the corpo	ration's bo	oard of directors. I	hereby accep	the appoi	ntment	as reg	istered
SIGNATURE		•											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F					Agent	t signature re	quired when re	reinstaling)		DATE			
12.		ND DIREC		13.				ADDITIONS/CHAN	GES TO OF	FICERS AN			
TITLE	D	ND DIREC	TORS DELETE	13. 1.1 π	n.E			ADDITIONS/CHAN	GES TO OF	FICERS AN	D DIR		RS IN 12
	D GASKINS, JAMES M	ND DIREC		_				ADDITIONS/CHAN	GES TO OF	FICERS AN			
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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 attactment with an address, with all other like empowered.

SIGNATURE: