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

FILED Mar 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000037929 (2) HYDRO-MEC, INC. Principal Place of Business Mailing Address 555 THE ESPLANADE STE 501 555 THE ESPLANADE STE 501 VENICE FL 34285 VENICE FL 34285 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 68-0663177 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EDERA, EUGENE 555 THE ESPLANADE STE 501 Street Address (P.O. Box Number is Not Acceptable) 82 VENICE FL 34285 83 84 Citv 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** Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSD DELETE Change Addition 1.1 TITLE TITLE EDERA, EUGENE NAME 1.2 NAME 555 THE ESPLANADE STE 501 1.3 STREET ADDRESS STREET ADORESS VENICE FL 34285 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 the 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 truster 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

CIGNATI IRE:

CITY-ST-2IP TITLE

NAME STREET ADDRESS

Change

Addition