

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000058199 (6)

1. Corporation Name

USA PRESSURE SYSTEMS, INC.



Principal Place of Business

Mailing Address

1300 CLEARMONT STREET NE #201
PALM BAY FL 32905

1300 CLEARMONT STREET NE #201
PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	2530 KIRBY AVENUE #307	26	2530 KIRBY AVENUE #307
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	PALM BAY, FL	28	PALM BAY, FL
Zip		Zip	
24	32905	29	32905
Country		Country	
25	USA	30	USA

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3393848

Applied For

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

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOSKINS, FORD
1300 CLEARMONT STREET NE #201
PALM BAY FL 32905

81 Name

HOSKINS, FORD

82 Street Address (P.O. Box Number is Not Acceptable)

2530 KIRBY AVENUE #307

83

84 City

PALM BAY

FL

85 Zip Code

32905

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 filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSKINS, FORD	1.2 NAME	
STREET ADDRESS	4151 PEMBROKE AVENUE NE 306 Banyan Way	1.3 STREET ADDRESS	HOSKINS, FORD
CITY-ST-ZIP	PALM BAY FL Melbourne Beach FL 32951	1.4 CITY-ST-ZIP	306 BANYAN WAY
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYBEE BRYAN	2.2 NAME	
STREET ADDRESS	943 PINE WOLK CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	MELBOURNE, BEACH, FL 32951
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

Ford Hoskins

Ford Hoskins

4/29/98 (407) 222-9223

CR2E034 (10/97)