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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 8:31

DOCUMENT # **V21754** **(9)**

1. Corporation Name
MOBILE HYDRAULIC HOSE, INC.

Principal Place of Business	Mailing Address
1215 LANDSTREET ORLANDO FL 32824	1215 LANDSTREET ORLANDO FL 32824

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-3122977 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KIRKPATRICK, LOWELL R.
1215 LANDSTREET
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name: Kirkpatrick, Joanne E.
82 Street Address (P.O. Box Number is Not Acceptable): 2833 Hoffner Avenue
83
84 City: Orlando FL 85 Zip Code: 32812

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: Joanne E Kirkpatrick — Joanne E. Kirkpatrick — President — DATE: 6/5/95
Signature, typed or printed name of registered agent and date required. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	P	☑ Change ☐ Addition
NAME	KIRKPATRICK, LOWELL R.	1.2 NAME	Kirkpatrick, Joanne E.	
STREET ADDRESS	1215 LANDSTREET	1.3 STREET ADDRESS	2833 Hoffner Avenue	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL. 32812	
TITLE	T	2.1 TITLE	V/T	☑ Change ☐ Addition
NAME	KIRKPATRICK, LOWELL R.	2.2 NAME	Stillwell, William S.	
STREET ADDRESS	1215 LANDSTREET	2.3 STREET ADDRESS	1617 S. Kirkman Rd #1401	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32811	
TITLE	SD	3.1 TITLE		☑ Change ☐ Addition
NAME	KIRKPATRICK, JOANNE E	3.2 NAME		
STREET ADDRESS	1215 LANDSTREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32824	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joanne E Kirkpatrick — Joanne Kirkpatrick — President — 6/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044818 CP