

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V21754

(9)

1. Corporation Name

MOBILE HYDRAULIC HOSE, INC.

Principal Place of Business

1215 LANDSTREET
ORLANDO FL 32824

Mailing Address

1215 LANDSTREET
ORLANDO FL 32824



2. Principal Place of Business

21 118 South Ring Rd.

2a. Mailing Address

26 118 South Ring Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

Zip

24 32811

Country

25 USA

Zip

29 32811

Country

30 USA

9. Name and Address of Current Registered Agent

KIRKPATRICK, LOWELL R.
2833 HOFFNER AVE
ORLANDO FL 32812

3. Date Incorporated or Qualified

03/18/1992

3a. Date of Last Report

08/13/1996

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

10. Name and Address of New Registered Agent

81 Name

William S. Stillwell

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

118 South Ring Rd.

83

84 City

ORLANDO

FL

85 Zip Code

32811

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 607.1505, Florida Statutes.

SIGNATURE

William S. Stillwell

William S. Stillwell

4/30/97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME KIRKPATRICK, LOWELL R.

STREET ADDRESS 2833 HOFFNER AVE

CITY-ST-ZIP ORLANDO FL

TITLE VT ☐ DELETE

NAME STILLWELL, WILLIAM S

STREET ADDRESS 1617 S KIRKMAN RD 1401

CITY-ST-ZIP ORLANDO FL

TITLE SD ☒ DELETE

NAME KIRKPATRICK, JOANNE E

STREET ADDRESS 1215 LANDSTREET

CITY-ST-ZIP ORLANDO FL 32824

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME Stillwell, William S

2.3 STREET ADDRESS 118 South Ring Rd.

2.4 CITY-ST-ZIP ORLANDO FL 32811

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

William S. Stillwell

William S. Stillwell

4/30/97

CR2E034 (9/96)