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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 841491 (4)
1. Corporation Name
MILBAR HYDRO-TEST, INC.

Principal Place of Business Mailing Address
651 AERO DR SHREVEPORT LA 71107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 72-0793598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 5-108 U.S.C. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State Apt. #, etc. 22. City & State	2a. Mailing Address 26. State Apt. #, etc. 27. City & State
24. Country	30. Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607 (05) and 607 (10)(8) 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 (10)(8) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IS /Z	
OFFICER	V	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACREE, JERRY L.	2. NAME	
STREET ADDRESS	7516 KEMPTON PARK	3. STREET ADDRESS	
CITY, STATE, ZIP	SHREVEPORT, LA 00000	4. CITY, STATE, ZIP	
OFFICER	P	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, C D	6. NAME	
STREET ADDRESS	238 ROSSITTER	7. STREET ADDRESS	
CITY, STATE, ZIP	SHREVEPORT, LA 00000	8. CITY, STATE, ZIP	
OFFICER	D	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, R.H.	10. NAME	
STREET ADDRESS	1157 GOODSBERRY	11. STREET ADDRESS	
CITY, STATE, ZIP	SHREVEPORT, LA 00000	12. CITY, STATE, ZIP	
OFFICER	ST	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, LEO JR.	14. NAME	
STREET ADDRESS	117 SUMMIT DRIVE	15. STREET ADDRESS	
CITY, STATE, ZIP	BOSSIER CITY LA	16. CITY, STATE, ZIP	
OFFICER		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, STATE, ZIP		20. CITY, STATE, ZIP	
OFFICER		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, STATE, ZIP		24. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed equally for the compliance stated in Section 119 (02) (06), Florida Statutes. I further certify that this information is submitted as the annual report or supplemental annual report as 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 at the time of making this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of changes to officers and directors with an address.

SIGNATURE: *[Signature]* **3/1/95** **318-227-8210**