

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **841491** (4)

1. Corporation Name  
**MILBAR HYDRO-TEST, INC.**



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

3. Date Incorporated or Qualified: **09/22/1978**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21  
2a. Mailing Address: 26

22 Suite, Apt. #, etc.: 27  
23 City & State: 28

24 Zip: 25 Country: 29 Zip: 30 Country:

4. FEI Number: **72-0793598**  
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**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 607.0503 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 of registered agent or change of registered agent: \_\_\_\_\_  
Signature of registered agent or change of registered agent: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACREE, JERRY L.</b>	12. NAME	
STREET ADDRESS	<b>7516 KEMPTON PARK</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>SHREVEPORT, LA 00000</b>	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>P</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNES, C D</b>	22. NAME	
STREET ADDRESS	<b>238 ROSSITTER</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>SHREVEPORT, LA 00000</b>	24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIRLEY, R.H.</b>	32. NAME	
STREET ADDRESS	<b>1157 GOODSBERY</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>SHREVEPORT, LA 00000</b>	34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>ST</b>	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILES, LEO JR.</b>	42. NAME	
STREET ADDRESS	<b>117 SUMMIT DRIVE</b>	43. STREET ADDRESS	
CITY - ST - ZIP	<b>BOSSIER CITY LA</b>	44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

*See 12/85  
Cliff Barnes  
9601 Hackberry  
Shreveport LA 71115*

**000001883490**  
-07/03/96--01061--021  
\*\*\*25.00

**100001883491**  
-07/03/96--01061--022  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Cliff Barnes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**C.D. BARNES**

Date: **5/2/96**  
Phone: **(318) 227-8210**

CR2E034 (12/95)