# FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	OVAL
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hours per response	a 10

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

### ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 Transactions Reported Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address KAHLER JOHN	, .	Person *	2. Issuer Name and SUN HYDRAU		~ .			5. Relationship of Reporting Per (Check all appl		ıer			
(Last) 1500 WEST UNIV	(First) VERSITY PA	(Middle)	3. Statement for Iss (Month/Day/Year) 12/30/2000		ar Ended			Officer (give title below)	Other (specify	below)			
	(Street)		4. If Amendment, l	Date Original Fi	iled(Month	/Day/Yea	6. Individual or Joint/Group Reporting (check applicable line)						
SARASOTA, FL	34243							_X_Form Filed by One Reporting Person Form Filed by More than One Reportin	ng Person				
(City)	(State)	(Zip)	Table	e I - Non-Deriv	ative Sec	curities	Acqui	red, Disposed of, or Beneficiall	y Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		4. Securi (A) or D (D) (Instr. 3,	isposed	of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
					Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)			
Common Stock		01/18/2000		L5	11	A	\$ 8.15	2,252.50	I	By SMD Gift Trust (1)			
Common Stock		04/17/2000		L5	11.20	A	\$ 8.04	2,263.70	I	By SMD Gift Trust (1)			
Common Stock		07/17/2000		L5	11.40	A	\$ 7.94	2,275.10	I	By SMD Gift Trust (1)			
Common Stock		10/16/2000		L5	11.30	A	\$ 8.05	2,286.40	I	By SMD Gift Trust (1)			
Common Stock								500	D				
Common Stock								500	I	By Wife			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Nur	nber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	of		and Expirati	on Date	Amo	unt of	Derivative	of	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	Deriva	ative	(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securi	ties			Secu	rities	(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Acqui	red			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)	
	Security				(A) or				4)			Owned at	Direct (D)		
					Dispo	sed						End of	or Indirect		
					of (D)							Issuer's	(I)		
					(Instr.	3,						Fiscal Year	(Instr. 4)		
					4, and	5)						(Instr. 4)			
										Amount					
										or					
							Date	Expiration	Title	Number					
							Exercisable	Date	1 Itic	of					
					(1)	(P)				Shares					
					(A)	(D)									

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships								
reporting owner runne / runness	Director	10% Owner	Officer	Other					
KAHLER JOHN S 1500 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243	X								

#### **Signatures**

Gregory C. Yadley, as Attorney-in-Fact for JOHN S. KAHLER	07/15/2004	1						
**Signature of Reporting Person	Date							
	]							

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Reporting person's spouse is a trustee and a beneficiary of the trust

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.