

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 28 AM 8:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **654224** (5)

1. Corporation Name
PAGELLA SEPTIC SYSTEMS, INC.

Principal Place of Business Mailing Address
4780 OREN BROWN ROAD 4780 OREN BROWN ROAD
KISSIMMEE FL 34746 KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1980	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2071205	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 s. 100.030, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
PAGELLA, DANIEL
4780 OREN BROWN ROAD
KISSIMMEE FL 32741

10. Name and Address of New Registered Agent
 01 Name **Luisa Pagella**
 02 Street Not Acceptable
4780 Oren Brown Rd
 03
 04 City **Kissimmee** 05 Zip Code **FL 34746**

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 *[Signature]* 07.19.95
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DPV
NAME	PAGELLA, DANIEL G
STREET ADDRESS	4780 OREN BROWN RD
CITY, ST, ZIP	KISSIMMEE FL
TITLE	DPV
NAME	PAGELLA, LUISA
STREET ADDRESS	4780 OREN BROWN RD
CITY, ST, ZIP	KISSIMMEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DANIEL G. PAGELLA
1.3 STREET ADDRESS	4780 OREN BROWN RD
1.4 CITY, ST, ZIP	KISSIMMEE, FLA, 34746
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	500001550645
3.3 STREET ADDRESS	-08/01/95--01055--012
3.4 CITY, ST, ZIP	*****225.00 *****225.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001550645
5.3 STREET ADDRESS	-08/01/95--01055--013
5.4 CITY, ST, ZIP	*****1.00 *****1.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 06.28.95 107.396.2779
(Signature typed or printed name of signing officer or director) Date (Optional Phone #)

CR2E034 (3/95)