2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2004 08:00 AM **DOCUMENT # F95000005385 Secretary of State** BALDWIN PORTABLE TOILETS & SEPTIC TANKS INC. Principal Place of Business Mailing Address 31378 US HWY 90 31378 US HWY 90 SEMINOLE, AL 36574 SEMINOLE, AL 36574 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-1150015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYETT, LEONARD W DO NOT WRITE 6028 YELLOW ROSE DR PENSACOLA, FL 32526 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BOYETT, BRENDA F STREET ADDRESS 31378 US HWY 90 CITY-ST-ZIP SEMINOLE, AL 36574 TITLE U00000006122 01/16/04-80022-012 150.00 SHEFFIELD, CHRISTINE NAME 31378 US HWY 90 STREET ADDRESS CITY-ST-ZIP SEMINOLE, AL 36574 313LE NAME BOYETT, ANTHONY L STREET ADDRESS 31378 US HWY 90 DO NOT WRITE CITY-ST-ZIP SEMINOLE, AL 36574 TITLE IN THIS SPACE NAME STREET ADDRESS COY-SI-ZP TITLE

FILED

Daytime Phone #

12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this proposered.

The proposer is a supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: DRENGERT, BOLLETT

SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR

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NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
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