

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

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**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # K32527 (9)**  
1. Corporation Name  
**JEWELL'S SEWAGE SERVICE SOUTH, INC.**

Principal Place of Business: **INDUSTRIAL ROAD #16 BIG PINE KEY FL 33043**  
Mailing Address: **P.O. BOX 1049 SUMMERLAND KEY FL 33042**

2. Principal Place of Business: 21, 22, 23, 24, 25  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **09/07/1988**  
3a. Date of Last Report: **07/12/1994**  
4. FEI Number: **65-0071738**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.03, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**LEYDIC, GEORGE D.  
TRACT RR & 55 NILES ROAD  
SUMMERLAND KEY FL 33042**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1808, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LEYDIC, GEORGE D.
STREET ADDRESS	TRACT RR & 55 NILES ROAD
CITY - ST - ZIP	SUMMERLAND KEY FL
TITLE	V
NAME	GODIN, MICHAEL
STREET ADDRESS	BOX 77 ENTERPRISE AVE.
CITY - ST - ZIP	BIG PINE KEY 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: X *George D. Leydic* **George D. Leydic** **President** **2/24/95** **305.745.2145**