FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000041225 (1)

RICKS SEWER & DRAIN SERVICE, INC.

Principal Place of Business Mailing Address						T I DB#ADDI INT IDIH DADA DD#A DDFA DDFA DDFA DDFA	ODIN ANDARA	(A (INDIA ISAN)	Elli 1881
3684 CHARLES STREET 3684 CHARLES STREET NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL				0					
						3. Date Incorporated or Qualified 06/02/1994	t	of Last Re 3/1996	∋port
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For
21		26				59-3241686			t Applicable
Suite, Apt.	Ħ, CIC.		Suile, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State)		City & State			6. Election Campaign Financing		\$5.00	-' -(
23		28	28			Trust Fund Contribution		Added to	
Zφ	Country	Zip	Cou	intry		8. This corporation has liability for it	ntangible ta	ax under s.	199.032,
24	25	29	30				Yes 🗌		
	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Name and Address of New Re	jistered Ag	<u>jent</u>	
O'NEAL, NANCY 3684 CHARLES STREET				01	ivanie			···	
			82	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
NEW	SMYRNA BEACH FL 32168			83					
				84	City		FL	85 Zip (Code
11. Pursuant I office or re	to the provisions of Sections 607 egistered agent or both, in the S	.0502 and 607.1508, Florida Stat state of Florida. Such change was blygations of, Section 602.0505, I	utes, the a s authorize	bove d by	named corp the corporati	oration submits this statement for the poon's board of directors. I hereby accept		_	s registered registered
SIGNATURE	Mayer	()una				2.	~5-9	<i>97</i>	
SIGNATORE	Signature, typed or printed name of region o		ΣIE Rogistere	d Ager	nt signature require	ed when reinstating)	DATE	***************************************	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	P ONEAL DIOVEY	DELETE	1.1 To				L.	Change	Addition
NAME OXIDER TO SUCK	ONEAL, RICKEY 3684 CHARLES STREET		1.2 N		*000000				
STREET ADDRESS	NEW SMYRNA BEACH FL	20168	1	ITY-SI	ADDRESS				
C-TY-ST-ZIP TITLE	HEN SMITHIN DENOTITE	DELETE DELETE	2.17		I-ZIF			Change	Addition
NAME		_	2.2 N	AME				_	
STREET ADDRESS			235	TREET	ADDRESS				•
CHY-S1-ZIP			2.40	OTY-S	T-ZIP				
TITLE		DELETE	31T	TLE				Change	Addition
NAME			32 N	AME					
STREET ADDRESS					ADDRESS ,				
CITY - ST - ZIP		DELETE		ITY - S	T-ZIP			Change	Addition
TITLE			4.1 7				L	" n resulte	L. Audition
NAME CINETAGORES			4.21		ADDRESS				
STREET ADDRESS CITY-ST-ZIP				ity-S					
TIFLE		DELETE	5.1 7		<u> </u>		[Change	Addition
NAME			5.2 N	AME	} .				
STREET ADORESS			5.3 S	TREET	ADDRESS				
CHY-ST-ZIF			5.4 0	ITY-S	1 - ZIP				
TITLE		DELETE	6.1 T	ITLE			ī	Change	☐ Addition
NAME			6.2 N	IAME					
1 1				ADDRESS					
60 v er 200	1		640	ITV C	7 7/D				ļ

14. I do 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 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 on an attachment with an address.

SIGNATURE:

appears in Block 12 or Block

Feb 11 1997 8:00am

Secretary of State