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 # P94000021283 (4)

1. Corporation Name

SEWAGE SERVICES, INC.

Principal Place of Business

925 LAKE HARBOR DR.
SAFETY HARBOR FL 34695

Mailing Address

925 LAKE HARBOR DR.
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified	3a. Date of Last Report
03/18/1994	04/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For
21		26		59-3230002		Not Applicable
Suite, Apt #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired ☐		$8.75 Additional Fee Required
22		27				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐		$5.00 May Be Added to Fees
23		28				
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
24	25	29	30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ESKEW, WALTER D 925 LAKE HARBOR DR. SAFETY HARBOR FL 34695	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 607.1508, 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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **ESKEW, WALTER**	1.2 NAME	
STREET ADDRESS **925 LAKE HARBOR DR.**	1.3 STREET ADDRESS	
CITY-ST-ZIP **SAFETY HARBOR FL 34695**	1.4 CITY-ST-ZIP	
TITLE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: *Walter D. Eskew*   3/4/97   (813) 726-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #