

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 292067**

**1. Entity Name**  
**AVERETT SEPTIC TANK CO., INC.**



**Principal Place of Business**      **Mailing Address**  
**2901 BROOKS ST**      **2901 BROOKS ST**  
**PO BOX 266**      **PO BOX 266**  
**EATON PARK, FL 33840**      **EATON PARK, FL 33840**

\$ 158 <sup>75</sup>



01112006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-1108235**      **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**      ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BRITT, SUZZANE A**  
**3828 CHEVERLY DE WEST**  
**LAKELAND, FL 33813**

**DO NOT WRITE  
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.**

**SIGNATURE** *S.A. Britt*, **S.A. Britt, V/P**      **1-11-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**      ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**1100000415454**  
**02/11/06-80081-004 158.75**

**10. OFFICERS AND DIRECTORS**

**TITLE**      **VP**  
**NAME**      **BRITT, SUZZANE A**  
**STREET ADDRESS**      **3828 CHEVERLY DR WEST**  
**CITY-ST-ZIP**      **LAKELAND, FL 33813**

**TITLE**      **P**  
**NAME**      **AVERETT, SAM A**  
**STREET ADDRESS**      **1815 EWELL RD**  
**CITY-ST-ZIP**      **LAKELAND, FL 33811**

**TITLE**      **SRVP**  
**NAME**      **WATSON, STEPHEN B SR VP**  
**STREET ADDRESS**      **5329 RAY PLACE**  
**CITY-ST-ZIP**      **LAKELAND, FL 33813**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *S.A. Britt*, **S.A. Britt, V/P**      **1-11-06**      **863 665 174**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #