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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 415424 (1)

1. Corporation Name
RELIABLE SANITATION, INC.

Principal Place of Business Mailing Address

**3207 KENLWORTH BLVD
P.O. BOX 1863
SEBRING FL 33871-8863
US**

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P.O. BOX 1863
SEBRING FL 33871-8863
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/27/1972		3a. Date of Last Report 04/27/1994	
4. FEI Number 59-1496253		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1496253		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	

9. Name and Address of Current Registered Agent

**CULLENS, CHARLES S
9235 CR 635
SEBRING FL 33872**

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 607.1508, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	CULLENS, CHARLES S	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9235 CR 635	1.2 NAME	
STREET ADDRESS	SEBRING FL	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE VSTD	CULLENS, TAMELA C	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9235 CR 635	2.2 NAME	
STREET ADDRESS	SEBRING FL	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE D	HURNER, SANDRA C	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1416 5TH AVE	3.2 NAME	
STREET ADDRESS	SEBRING FL 33872	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is completely true and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in this annual report or other financial 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 have control or management of the corporation and am empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: **CHARLES S. CULLENS** **4/24/95** **813-385-0817**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR