


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

0436877

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90092 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 416529
1. Corporation Name
PUGH SEPTIC TANK SERVICE, INC.



Principal Place of Business 136 COUNTY RD 29 LAKE PLACID FL 33852	Mailing Address 136 COUNTY RD 29 LAKE PLACID FL 33852
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 720 US 27 South Suite, Apt. #, etc.		2a. Mailing Address 26 720 US 27 South Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/10/1973	
22 City & State 23 Lake Placid, FL		27 City & State 28 Lake Placid, FL		4. FEI Number 59-1458777	
24 Zip 33852		29 Zip 33852		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country Highlands		30 Country Highlands		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JACKSON, ANDREW B. 150 N. COMMERCE SEBRING FL 33870				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent				7. Date of Last Annual Report	

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, DIXON	1.2 NAME	
STREET ADDRESS	146 LOQUART RD NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPDT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, SUE	2.2 NAME	
STREET ADDRESS	146 LOQUART RD NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMMIE, LORRI	3.2 NAME	
STREET ADDRESS	325 WASHINGTON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: Lorri Lammie - Lorri Lammie 1/7/99 941-4465-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)