

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **536799** (0)

1. Corporation Name
ACME SEPTIC TANK OF JACKSONVILLE, INC.



Principal Place of Business: **638 CARLTON STREET P.O. BOX 9434 JACKSONVILLE FL 32208**
Mailing Address: **638 CARLTON STREET P.O. BOX 9434 JACKSONVILLE FL 32208**

2. Principal Place of Business: 21 Sub. Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Sub. Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **06/09/1977**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-1753462** Applied For Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**SRESOVICH, LUKE
638 CARLTON STREET
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.15, Florida Statutes, the above named corporation grants this statement for the purpose of designating its registered office or registered agent, or both, in the State of Florida. Said designation is authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SRESOVICH, DAVID E.	
STREET ADDRESS	638 CARLTON STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SRESOVICH, LUKE D.	
STREET ADDRESS	638 CARLTON ST.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SRESOVICH, MARTHA A.	
STREET ADDRESS	638 CARLTON ST.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SRESOVICH, BETTY O.	
STREET ADDRESS	638 CARLTON ST.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS	
13 CITY-STATE-ZIP	
14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	
18 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
19 NAME	S/TD Sresovich, Martha A.
20 STREET ADDRESS	638 Carlton St.
21 CITY-STATE-ZIP	Jacksonville, FL
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME	
27 STREET ADDRESS	
28 CITY-STATE-ZIP	
29 NAME	
30 STREET ADDRESS	
31 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this report is substantially furnished in good faith and in good faith for the exemption statute in Section 119.09(3)(b), Florida Statutes. I further certify that the information indicated on this form is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. This is a reference to the corporation, or to the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an authorized officer or director.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 904-764-7651

CR2E034 (12/95)