SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:07

DOCUMENT # 567261 (3)

1. Corporation Name
LEE SEPTIC TANK AND CRANE SERVICE, INC.

Principal Place of Business	Mailing Address
2111 TOWLES STREET P.O. BOX 665 FT MYERS FL 33902	2111 TOWLES STREET P.O. BOX 665 FT MYERS FL 33902

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 03/29/1978
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1813498 ☐ 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	10. Name and Address of New Registered Agent
VAN NETTA, JO ANNE N 1433 SAN JUAN AVE FT MYERS FL 33902	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	STD	1-1 TITLE ☐ Change ☐ Addition
NAME	VAN NETTA, JO ANNE N	1-2 NAME
STREET ADDRESS	1433 SAN JUAN AVE	1-3 STREET ADDRESS
CITY-ST-ZIP	FT MYERS FL	1-4 CITY-ST-ZIP
TITLE	PD	2-1 TITLE ☐ Change ☐ Addition
NAME	VAN NETTA, WILLIAM D.	2-2 NAME
STREET ADDRESS	5680 LOCHMOOR COURT	2-3 STREET ADDRESS
CITY-ST-ZIP	N. FT. MYERS FL	2-4 CITY-ST-ZIP
TITLE	V	3-1 TITLE ☐ Change ☐ Addition
NAME	SCOTT W. VAN NETTA	3-2 NAME
STREET ADDRESS	6060 GREYSTONE LANE	3-3 STREET ADDRESS
CITY-ST-ZIP	FT. MYERS FL	3-4 CITY-ST-ZIP
TITLE		4-1 TITLE ☐ Change ☐ Addition
NAME		4-2 NAME
STREET ADDRESS		4-3 STREET ADDRESS
CITY-ST-ZIP		4-4 CITY-ST-ZIP
TITLE		5-1 TITLE ☐ Change ☐ Addition
NAME		5-2 NAME
STREET ADDRESS		5-3 STREET ADDRESS
CITY-ST-ZIP		5-4 CITY-ST-ZIP
TITLE		6-1 TITLE ☐ Change ☐ 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 voluntarily furnished and 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: Jo Anne N Van Netta JoAnne N. Van Netta 6-26-95 941-936-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Secy & Trea

CR2E034 (3/95)