

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morrison Secretary of State DIVISION OF CORPORATIONS
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**APPROVED  
AND  
FILED**  
  
 95 APR 18 PM 5:43  
  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 570663 (5)**

1. Corporation Name  
**BILLINGS PUMPING AND SEPTIC TANK SERVICE, INC.**

Principal Place of Business <b>58 ASTER STREET CLEARWATER FL 34630</b>	Mailing Address <b>58 ASTER STREET CLEARWATER FL 34630</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Canceled <b>04/28/1978</b>	3a. Date of Last Report <b>03/07/1994</b>
21 <b>203 West Canal Dr</b>	26 <b>203 West Canal Dr.</b>	4. FEI Number <b>59-1822221</b>		Applied For <input type="checkbox"/> Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>Palm Harbor, Fl.</b>	28 <b>Palm Harbor, Fl.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>34684</b>	25 <b>Pinellas</b>	29 <b>34684</b>	30 <b>Pinellas</b>	8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent	
<b>FROHLICH, RONALD E. 58 ASTER STREET CLEARWATER FL 34630</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ (Signature Required) \_\_\_\_\_ (Signature Required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>FROHLICH, RONALD E.</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS <b>58 ASTER STREET CLEARWATER FL</b>		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE <b>STD</b>	<b>FROHLICH, PHYLLIS A.</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS <b>58 ASTER STREET CLEARWATER FL</b>		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME <b>Scott Frohlich</b>	
STREET ADDRESS		33 STREET ADDRESS <b>203 West Canal Dr.</b>	
CITY, ST, ZIP		34 CITY, ST, ZIP <b>Palm Harbor, Fl. 34684</b>	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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)(b), 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: *Ronald E. Frohlich* **Ronald E. Frohlich** **4/13/95** **813 461-5322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR