

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90018 048 ***150.00

DOCUMENT # 597914	
1. Entity Name DIXIE SEPTIC TANK, INC. OF ORANGE CITY	

Principal Place of Business 1200 S. LEAVITT AVE. PO BOX 740557 ORANGE CITY, FL 32763 US	Mailing Address PO BOX 740557 ORANGE CITY, FL 32763
---	--

2. Principal Place of Business - No P.O. Box # 335 N. Boundary Ave. Suite, Apt. #, etc.	3. Mailing Address 335 N. Boundary Ave. Suite, Apt. #, etc.
--	--

City & State DeLand FL	City & State DeLand FL
Zip 32720	Zip 32720
Country Volusia	Country Volusia

40012008



01102008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1870680	Applied For ☐ Not Applicable
------------------------------------	---

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent EVANS, MARILYN J 1200 S LEAVITT AVENUE ORANGE CITY, FL 32763
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 335 N. Boundary Ave. City DeLand FL Zip Code 32720

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marilyn J. Evans DATE 1-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE PTD	☐ Delete
NAME EVANS, MILTON E SR	
STREET ADDRESS 1200 S LEAVITT AVENUE	
CITY-ST-ZIP ORANGE CITY, FL 32763	
TITLE ST	☐ Delete
NAME EVANS, MILTON E SR	
STREET ADDRESS 1200 S LEAVITT AVENUE	
CITY-ST-ZIP ORANGE CITY, FL 32763	
TITLE V	☐ Delete
NAME EVANS, KELVIN T	
STREET ADDRESS 1200 S LEAVITT AVENUE	
CITY-ST-ZIP ORANGE CITY, FL 32763	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☒ Change ☐ Addition
NAME 335 N. Boundary Ave. DeLand, FL 32720	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME 335 N. Boundary Ave. DeLand, FL 32720	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME 335 N. Boundary Ave. DeLand, FL 32720	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin T. Evans DATE 1-22-08 DAYTIME PHONE # 386-738-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR