

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moram Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 690281 (1)  
1. Corporation Name  
PORTABLE SANITATION, INC.

Principal Place of Business  
140 THOMAS ST., LAKE ASBURY RT.  
GREEN COVE SPRINGS FL 32043

Mailing Address  
140 THOMAS ST., LAKE ASBURY RT.  
GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/15/1981

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

4. FEI Number  
59-2100483

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
EIDSON, DANIEL E.  
140 THOMAS ST., LAKE ASBURY RT.  
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent  
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 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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	G EIDSON, PAMELA	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD THOMAS ST LK ASBY RT	1. NAME	
STREET ADDRESS	GREEN COVE SPGS, FL00000	1. STREET ADDRESS	
CITY-ST-ZIP		1. CITY-ST-ZIP	
TITLE	PD EIDSON, DANIEL E	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	140 THOMAS ST LK ASBY RT	2. NAME	
STREET ADDRESS	GREEN COVE SPGS, FL00000	2. STREET ADDRESS	
CITY-ST-ZIP		2. CITY-ST-ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		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)(j), 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: *Pamela G. Eidson* *Pamela G. Eidson Sec. 119.07(3)(j) 4/10/98 (904) 732-9191*

CR2E034 (10/97)