FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -8 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727293 (3)

1. Corporation Name

THE FLORIDA SEPTIC TANK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
211 DORIS DRIVE PO BOX 1025 LAKELAND, FL 33802 LAKELAND FL 33813	211 DORIS DRIVE PO BOX 1025 LAKELAND, FL 33802 LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1973
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1494885 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LYNCH JR, ROBERT R
211 DORIS DRIVE
LAKELAND FL 33813

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 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MYERS, JACK	1.2 NAME		
STREET ADDRESS	6119 17TH ST E	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP		
TITLE	~~PD~~	2.1 TITLE		☐ Change ☐ Addition
NAME	~~COPELAND, ROY B.~~	2.2 NAME		
STREET ADDRESS	~~10375 US 98 S~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~SEBRING FL~~	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE		☐ Change ☐ Addition
NAME	BANKS, SAM	3.2 NAME		
STREET ADDRESS	3100 SE WAALER ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	VAUSE, ELLEN	4.2 NAME		
STREET ADDRESS	HIGHWAY 20 WEST	4.3 STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	TD	☐ Change ☒ Addition
NAME		5.2 NAME	BINGHAM, DEWAYNE	
STREET ADDRESS		5.3 STREET ADDRESS	3640 SUMNER ROAD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DOVER, FL	
TITLE		6.1 TITLE	SD	☐ Change ☒ Addition
NAME		6.2 NAME	CASTER, DAVID	
STREET ADDRESS		6.3 STREET ADDRESS	17550 CAPPER LANE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ESTERO, FL	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dewayne Bingham 3-3-95 813-659-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DEWAYNE BINGHAM

0018016