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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 727293 (3)**

1. Corporation Name

THE FLORIDA SEPTIC TANK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~404 ORANGEWOOD LOOP E
PO BOX 1000 LAKELAND, FL 33802
LAKELAND FL 33810
US~~~~211 DORIS DRIVE
PO BOX 1000 LAKELAND, FL 33802
LAKELAND FL 33810 1000~~

2. Principal Place of Business

21 23923 NW 196 Terr.

Suite, Apt. #, etc.

22

City & State

23 High Springs, FL

Zip

24 32643

Country

25 Alachua

2a. Mailing Address

26 PO Box 894

Suite, Apt. #, etc.

27

City & State

28 High Springs, FL

Zip

29 32655

Country

30 Alachua

3. Date Incorporated or Qualified

08/08/1973

3a. Date of Last Report

04/19/1996

4. FEI Number

59-1494885

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

LYNCH JR, ROBERT R~~404 ORANGEWOOD LOOP, E
LAKELAND FL 33810~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

23923 NW 196 Terrace

83

84 City

High Springs**FL**

85

Zip Code
32643

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE
NAME **MYERS, JACK**
STREET ADDRESS **6119 17TH ST E**
CITY - ST - ZIP **BRADENTON FL**TITLE **VPD** ☐ DELETE
NAME **BINGHAM, DEWAYNE**
STREET ADDRESS **3640 SUMNER ROAD**
CITY - ST - ZIP **DOVER FL**TITLE ~~PD~~ ☒ DELETE
NAME ~~BANKS, SAM~~
STREET ADDRESS ~~8100 GEORGE WALKER ST.~~
CITY - ST - ZIP ~~STUART FL~~TITLE **SD** ☐ DELETE
NAME **DUKE, JOSEPH**
STREET ADDRESS **3070 BLANDING BLVD.**
CITY - ST - ZIP **MIDDLEBURG FL**TITLE **TD** ☐ DELETE
NAME **CASTER, DAVID**
STREET ADDRESS **17550 CAPPER LANE**
CITY - ST - ZIP **ESTERO FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE **VPD** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **SD**
6.3 STREET ADDRESS **NEWSOME, MITCHELL**
6.4 CITY - ST - ZIP **708 NW 10TH AVE.
GAINESVILLE, FL 32601**

14. I do hereby certify that the information supplied with this filing 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:

Joseph M. Duke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/5/97**

Date

904-282-5934
Daytime Phone # **0053144**

CR2E037 (9/96)