FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
96 MAY 10 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F16299** **(2)**

1. Corporation Name
FLORIDA VAULT SEPTIC TANK, INC.

Principal Place of Business
ROUTE 7. BOX 4325
QUINCY FL 32351

Mailing Address
ROUTE 7. BOX 4325
QUINCY FL 32351

3. Date Incorporated or Qualified: 01/27/1981
3a. Date of Last Report: 05/30/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2979532 — 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
WILSON, SESTE JR.
ROUTE 7, BOX 4325
QUINCY FL 32351

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
Signature (typed or printed) of Registered Agent and Title (if applicable) — (Note: Registered Agent's signature required when consulting) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WILSON, SESTE JR.	
STREET ADDRESS	RT.2, BOX 4325	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	VD	☐ DELETE
NAME	WILSON, HATTIE	
STREET ADDRESS	RT.2, BOX 4325	
CITY-ST-ZIP	QUINCY FL	
TITLE	SD	☐ DELETE
NAME	FRANKLIN, SEVERIA	
STREET ADDRESS	RT.2, BOX 4325	
CITY-ST-ZIP	QUINCY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	~~ZANDERS, JAMES~~	
1.3 STREET ADDRESS	~~RT. 4, BOX 1034~~	Not to be added
1.4 CITY-ST-ZIP	~~QUINCY, FL 32351~~	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	000001821090	☐ Change ☐ Addition
3.2 NAME	-05/14/96--01119--019	
3.3 STREET ADDRESS	****225.00 ****225.00	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: Hattie Wilson Hattie Wilson — 5-8-96 — 904 627-2779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)