## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortisam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F16299

(2)

FLORIDA VAULT SEPTIC TANK, INC.

FILED
May 29 1998 8:00am
Secretary of State
<b>-</b>

Principal Place	o of Business	Mailing Address					
ROUTE 7. BOX 4325 OUINCY FL 32351 OUINCY FL 32351 OUINCY FL 32351							
					DO NOT WRITE IN THIS SPACE		
İ					3. Date Incorporated or Qualified		
A 5::					01/27/1981	<del></del>	
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	oplied For
21 Suite Ant	H ata	Suite, Apt. #, etc.		<del> </del>	59-2979532		ot Applicable
——————————————————————————————————————					5. Certificate of Status Desired	\$8.75 / Fee Re	
22     27					& Floation Compoler Floation		<u> </u>
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
Zip	Country	Zip	Coun	trv	8. This corporation owes or has paid the c	<del></del>	
24	25	29	30	•	Personal Property Tax due June 30.		No
	9. Name and Address of Curren		12.21		10. Name and Address of New Registers		-
WI	LSON, SESTE JR.			1 Name			
	OUTE 7, BOX 4325		-	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	JINCY FL 32351			Sireet Add	rress (r.o. box reuniber is not Acceptable)		
			1	3	**************************************		
<b>9</b> 5			١.	4 65		las las	<u></u>
				4 City	F	L   85   Zip (	Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the abo	ve-named cor	poration submits this statement for the purpose	of changing it	ts 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 agong the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE		A (			4/29/9/	P	1
SIGNATURE .	Signature, typed or printed name of regetered ages		TE: Registered a	Agont signature requ	ired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	3S IN 12
TITLE	PD	DELETE	1.1 1111	F		☐ Change	Addition
NAME	Wilson, seste Jr.		1.2 NAN	E			;
STREET ADDRESS	RT.2, BOX 4325		1.3 STR	ET ADDRESS		•	li li
CITY-ST-ZIP	QUINCY, FL 32351		1.4 C(T)	- ST - ZIP			i
TITLE	VD	DELETE	21 TH	E		Change	Addition
NAME	Wilson, Hattie		2 2 NAN	E I			
STREET ADDRESS	RT.2, BOX 4325		2.3 S1R	ET ADDRESS	i		
CITY-ST-ZIP	QUINCY FL		2. 4 CIT	r-ST-ZIP	<u> </u>		3
TITLE	<b>\$</b> D	DELETE	3.1 TITL			☐ Change	Addition
NAME	Franklin, Severia		3.2 NAN	E		•	
STREET ADDRESS	RT.2, BOX 4325		3.3 STR	FT ADDRESS			İ
CITY-ST-ZIP	QUINCY FL		3.4. CIT	(-ST-7IP			
TITLE		☐ DELETE	4.1 TITL			Change	☐ Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	ET ADDRESS			
CITY-SY-ZIP			4.4 CITY	- \$1 - ZIP			
TITLE		☐ DELETE	5.1 ¥IT∐			Change	Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STR	ET ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELE1E	6.1 TITL			Change	Addition ·
NAME			6.2 NAM	F			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-SI-ZIP			

14. I 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 contraction 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 cityinged, or on an attachment with an address.