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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90128 002 ***150.00

DOCUMENT #	F65994
1. Corporation Name	. 0000 .

A.A. SEPTIC TANK SERVICE, INC.

Principal Plac	e of Business	Mailing Address				
8300 W. BEAVER STREET		8300 W. BEAVER STRE				
JACKSONVILLE FL 32220-2381 JACKSONVILLE FL 32220-2381			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		
				02/04/1982		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26		59-2127236	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	I
22	······································	27			Fee Rec	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	
23		28	Country	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye.		□No
24	9. Name and Address of Curren	29 Agent	30	Personal Property Tax. 10. Name and Address of New Registre		
	5. Name and Address of Curren	it registered regain	81 Name	~ · · · · · · · · · · · · · · ·	******	
JOY	NER, MADLYN L			RILLY MAYNE J	DAMEL	
	BULLS BAY HWY		82 Street	Address (P.O. Box Number is Not Acceptable)	to	
	KSONVILLE FL 32220		83	HOB FEDDIC CIONE	<i></i>	
			84 City -	Jackeonville	FL 85 Zip C	O.C.
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1508, Florida Sta	tutes the above named	comporation submits this statement for the purpor	se of changing its r	registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change wa	is authorized by the coppo	pration's board of directors. I hereby accept the a	ippointment as reg	jistered
		JET Presid	Jan 13	ill. Wound Lange	4/27/9	9
SIGNATURE	Signature, typed or printed name of registered age		OTE: Registered Agent signature n		E	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	Р	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	JOYNER, BILLY WAYNE		1.2 NAME	SAME		
STREET ADDRESS	1162 PEBBLE RIDGE DRIVE		1.3 STREET ADDRESS	J		l
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE	S	Change	☐ Addition
NAME	BARBER, SANDRA G		2.2 NAME	Hellie Kuth Joy1	ver	
STREET ADDRESS	1		2.3 STREET ADDRESS	1142 Pebble Ridge		Į
CITY-ST-ZIP	BRYCEVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FI	<u> صيحدد</u>	
TITLE	V	☐ DELETE	3.1 TITLE		Change	Addition
NAME	JOYNER, MADLYN		3.2 NAME	BILLY WAYNE JOYN		
STREET ADORESS	100 2022 2111 11111		3.3 STREET ADDRESS	Trual Pebble lidge	DC	_
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP	JACKSONYING, F	<u>। उक्रा</u>	<u></u>
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY+ST-ZIP			
TITLE		☐ DELETE	51 TITLE		Change	Addition

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE.

Change

☐ Addition