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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

|  | MENT # <b>J0716</b> 9  | 9 (2)   |  |   |  |   |
|--|--|---|--|---|--|---|
| TIM MUDGE LIFT STATIONS, INC.  |  |   |  | I KROKETA BILLI BAKKI KATAL KIDIA BILKI   | A MARIA BIANG ANTO ANTO  | M BIBIN BIBIN 1886                        |
| ncipal Place <b>c</b>  | of Business  | Mailing Address   | processor of the same of the s |   |  |   |
| 12170 SHOREVIEW DR.<br>CAPE CORAL. FL 33909  |  | 12170 SHOREVIEW DR.<br>CAPE CORAL. FL 33909   |  |   |  |   |
|  |  |   |  | 3. Date incorporated or Qualified 04/02/1986  | 3a. Date of Last F<br>01/18/19   |   |
| Principal Piac   | ce of Business   | 2a. Mailing Address   |  | 4. FEI Number 59-2649717  | <b>├</b> ─ <b>-</b>  | Applied For<br>Not Applicable             |
| Suite, Apt. #.   | , etc  | Scite, Apt. #, etc.   |  | Certificate of Status Desired   | \$8.75   | Additional Required                       |
| City & State   |  | City & State  | The second secon | 6. Election Campaign Financing  | <sub>□</sub> \$5.0   | May Be                                    |
| Ζφ   | Country  | <b>28</b> Zip   | Country  | Trust Fund Contribution  8. This corporation has liability for in   | ntangible tax under s  | 199.032,                                  |
|  | 9. Name and Address of Current   | 29 Registered Agent   | 30   | Florida Statutes Yes  10. Name and Address of New Re  |  |   |
|  |  |   | 81 Name  |   |  |   |
| MUDGE, PATRICIA A.<br>12170 SHOREVIEW DR.  |  |   | 82 Street Ac   | ddress (P.O. Box Number is Not Acceptabl  | le)  |   |
| CAPE CO  | ORAL FL 33909  |   | 83   |   |  |   |
|  |  |   | 84 City  |   | FL 85 Z  | p Code                                    |
| Porsoant to  | the provisions of Sections 607.0502  | and 607.1508, Florida Statute   | s. the above named coru  | poration submits this statement for the nurr  | nose of changing its   | registered office                         |
| or registered<br>familiar with<br>SNATURE  | the provisions of Sections 607,0502<br>diagent, or both, in the State of Florid,<br>, and accept the obligations of, Sectional accept the obligations of Sectional and the section against   | a. Such change was authorize<br>on 607.0505, Florida Statutes.  | s, the above named corporation's both  | poration submits this statement for the purposard of directors. I hereby accept the appoint   | nose of changing its   | registered office<br>d agent. Fam         |
| or registered<br>familiar with<br>SNATURE  | d agent, or both, in the State of Florid<br>, and accept the obligations of, Sect-   | a. Such change was authorize<br>on 607.0505, Florida Statutes.<br>Ent the Paperson (NOT<br>DIRECTORS            | ed by the corporation's ba   | oard of directors. I hereby accept the appo   | pose of changing its i<br>pintment as registered<br>DATE   | d agent. Fam                              |
| or registered familiar with  | d agent, or both, in the State of Florid<br>, and accept the obligations of Section<br>treater thest a probet make of registers agenta   | a. Such change was authorize<br>on 607.0505, Florida Statutes.<br>and the daplicane (Not                        | to Bogotero Agent signature real for Title   | oard of directors. Thereby accept the appoint of directors. Thereby accept the appoint of the production of the appoint of the production of the appoint of | pose of changing its i<br>pintment as registered<br>DATE   | d agent. Fam                              |
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SIGNATURE: Latricia

2-26-96 941-283-2285