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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J07169** **(2)**

1. Corporation Name
TIM MUDGE LIFT STATIONS, INC.

Principal Place of Business	Mailing Address
12170 SHOREVIEW DR. CAPE CORAL, FL 33909	12170 SHOREVIEW DR. CAPE CORAL, FL 33993-9728

3. Date Incorporated or Qualified: **04/02/1986**
3a. Date of Last Report: **03/01/1996**

4. FEI Number: **59-2649717** ☐ 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

2. Principal Place of Business
21 Rt 1 Box 1085
22 Suite, Apt. #, etc.
23 City & State: Labelle, FL.
24 Zip: 33935 25 County: Glades

2a. Mailing Address
26 Rt 1 Box 1085
27 Suite, Apt. #, etc.
28 City & State: Labelle, FL.
29 Zip: 33935 30 Country: Glades

9. Name and Address of Current Registered Agent
MUDGE, PATRICIA A.
12170 SHOREVIEW DR.
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent
81 Name: Mudge Patricia A.
82 Street Address (P.O. Box Number is Not Acceptable): Rt 1 Box 1085
83
84 City: Labelle, FL. **FL** 85 Zip Code: 33935

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRALEY, ROY D. 3703 S. E. 8TH PLACE CAPE CORAL FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MUDGE, PATRICIA A. 12170 SHOREVIEW DRIVE CAPE CORAL FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ST Mudge Patricia A. Rt 1 Box 1085 Labelle, FL. 33935 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MUDGE, TIMOTHY G. 12170 SHOREVIEW DR CAPE CORAL FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P Mudge, Timothy G. Rt 1 Box 1085 Labelle, FL. 33935 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia A. Mudge Sec/Treas 3/13/97 941-675-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia A. Mudge

0408955