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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J48097

(6)

DUVAL SEPTIC TANK COMPANY

FILED
Apr 13 1998 8:00am
Secretary of State



| failing Address | A LEGITALE CHAI GLODEL THALL CONTO 1941 FOUL BIRLI, CLOUK CHAIL FAOIL CHAIL CLOUK CHAIL |
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| ALDAUID O NEI DINED | |

| | NELONER L DRIVE, P.O. BOX 9575 LE FL 32208-7575 | % DAVID C. NELDNE 5340 SOUTEL DRIVE JACKSONVILLE FL 3 | . P.O. BOX 951 | 75 | DO NOT WRITE 3. Date Incorporated or Qualified 12/19/1986 | E IN THIS SI | PACE | |
|--|---|---|------------------|----------------------------------|---|--------------|-----------------|---------------|
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4, FEI Number | | TA. | oplied For |
| | | | 27060 | | 59-2758534 | | | ot Applicable |
| 21 5131 Doolittle Road 26 P.O. Box 3706 | | | 37000 | | 39-2730334 | | | |
| 22 | | 27 | | 5. Certificate of Status Desired | ertificate of Status Desired S8.75 Additional Fee Required | | | |
| City & State | | | City & State | | 6. Election Campaign Financing | | \$5.00 | |
| | | | | | Trust Fund Contribution | | Added t | to Fees |
| Zip | Country | Zip | Count | • | 8. This corporation owes or has p | | | |
| 24 3225 | | 29 32236 | 30 Duy | /aı | Personal Property Tax due June 30. 🔀 Yes 🗌 No | | | |
| | 9. Name and Address of Curr | ent Hegistered Agent | | <u> </u> | 10. Name and Address of New R | A beretalge | gent | |
| | LDNER, DAVID C. | | į e | 1 Name | | | | |
| 5340 SOUTEL DR JACKSONVILLE FL 32208 | | | 8 | 2 Street Add | dress (P.O. Box Number is Not Accepta | ble) | | |
| | | | 8 | 3 | | | | |
| | | | 8 | 4 City | | FI | 85 Zip (| Code |
| 11 Purcuent t | o the provisions of Sections 607.05 | 502 and 607 1508 Florida Sta | atutes the sho | we-named cor | rporation submits this statement for the | | changing it | s registered |
| office or re | egistered agent, or both, in the Sta | to of Florida. Such change wa | as authorized | by the corpora | ation's board of directors. I hereby acce | pt the appo | intment as | registered |
| agent. I ar | m familiar with, and accept the ob- | igations of Section 607,0505, | , Florida Statul | es. | | | | |
| SIGNATURE . | Signature, typed or printed name of registered a | | NOTE Bastoned | | uired when reinstating) | DATE | | |
| 12. | | ND DIRECTORS | 13. | tgent signature requ | ADDITIONS/CHANGES TO OFFI | | DIRECTOR | S IN 12 |
| TITLE | В | DELETE | 1.1 TITLE | | ABBITIONO/OTANGEO TO OTT | | Change | ☐ Addition |
| NAME | NELDNER, DAVID C. | | 1.2 NAM | l l | | • | | |
| | 5340 SOUTEL DR. | | | | | | |] ; |
| STREET ADDRESS | JACKSONVILLE FL | | | ET ADDRESS | | | | [! |
| CITY-ST-ZIP | S | ☐ DELETE | 2.1 TITLE | -ST-ZIP | | | Change | Addition (|
| | CHEPENIK, MARVIN H. | | 4 | 1 | | | Criange | |
| NAME | 5340 SOUTEL DR. | | 2.2 NAM | _ | | | | } |
| STREET ADDRESS | JACKSONVILLE FL | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL. | Driete | | r-St-ZiP | | | 105 | A Constant |
| TITLE | ODAY DAMP F | ☐ DELETE | 3.1 T(TL) | | | L | Change | L. Addition |
| NAME | GRAY, DAVID F. | | 3.2 NAM | - 1 | | | | ļ |
| STREET ADDRESS | 5340 SOUTEL DR. | | | ET ADDRESS | | | | l |
| CITY-ST-ZIP | JACKSONVILLE FL | | | - ST- ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ι | Change | ☐ Addition |
| NAME | | | 4. 2 NAN | NE | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | ··· | 4.4 CITY | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLI | | | | Change | Addition |
| NAME | | | 5.2 NAM | € | | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | | | 1 |
| CFTY-ST-ZIP | | | 5.4 CITY | -ST-ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | | | 6.2 NAM | E | | | | ļ |
| STREET ADDRESS | | | 6.3 STRE | ET ADDRESS | | | | İ |
| ATT | | | - 4 | OT TID | | | | |

14. Thereby 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address

SIGNATURE: Vaccial Milation

1/1/98 9/388-033

CR2E034 (10/97)