FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J65920 DOCUMENT #
1. Corporation Name

(7)

CENTRAL FLA. SEPTIC TANK CO.

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							III. OOK BAAK DIDUK AL		
Principal Place		Mailing Address							
P.O. BOX 3340 P.O. BOX 3340 5835 DAVIS BLVD. 5835 DAVIS BLVD. LAKELAND FL 33802 LAKELAND FL 33802			0						
			-			3. Date Incorporated or Qualified 04/07/1987	3a. Date of Lat 03/20	st Report 3/1995	
2. Principal Pl 21	ace of Business	2a. Mailing Address 26	Mailing Address			4. FEI Number 59-285 1692	4. FEI Number Appl 59-285 1692 Not a		
Suite, Apt. 22		Suite, Apt. #, etc. 27	—			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Cily & State 23	State City & State					Election Campaign Financing Trust Fund Contribution		.00 May Be dded to Fees	
- <i>Z</i> ф ТЛ	Country	Ζφ				8. This corporation has liability for it		ers 199.032,	
24	25 9. Name and Address of C	29	30			Florida Statutes Yes		- · · · · · · · · · · · · · · · · · · ·	
	9, Name and Address of Co	arent registered Agent		61	Name	10. Name and Address of New R	egistered Agent		
SCOT	T, HUGH			["]	INATHE				
	DAVIS BLVD.			82	Street A	Address (P.O. Box Number is Not Acceptable	e)		
	LAND FL 33802			В3					
				84	City		FL 85	Zip Code	
11. Pursuant i	to the provisions of Sections 607	0502 and 607 1508. Florida Statut	es the sho	N/O - D	amed co	rporation submits this statement for the pur	anno of changing	ita rapiatarad office	
or register	red agent, or both, in the State of	Florida Such change was authoriz	red by the (corpo	oration's	board of directors. I hereby accept the appo	intment as registe	ered agent. I am	
	in, and accept the obligations of,	Section 607.0505, Florida Statutes	3.				0 0		
SIGNATURE .	Stynature, typic or printed name of registeres	Lancot and title Leonicable (NC	TE Bagietared		Leignali yn ys	quired when reinstating)	Q-Q0-5	6	
12.		S AND DIRECTORS	13.		t og latere te	ADDITIONS/CHANGES TO OFFI			
11:LE	T D	DELETE	1, 1 T	ITLE			☐ Char		
NAME	SCOTT, HUGH		1.2 N/	AME	- 1				
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NAME		-	22 N	AME					
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CITY - ST - ZIF			1	ITY-SI	- 1				
	y certify that the information supp	blied with this filing is voluntarily furn				ify for the exemption stated in Section 119.0	7(3)(k). Florida St	atutes. I further	

certify that the information indicated on this annual report is supplemental annual report is true 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: 1

2-20-96
Daytime Phone #