FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J68369** **(4)**

1. Corporation Name
COLEMAN SEPTIC TANK COMPANY

Principal Place of Business
ROUTE 2. BOX 624EE
MOORE HAVEN FL 33471

Mailing Address
ROUTE 2. BOX 624EE
MOORE HAVEN FL 33471

3. Date Incorporated or Qualified: 04/21/1987
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business
21
22 Suite, Apt. #, etc.: 360 Alligator Rd. NW
23 City & State: Moore Haven, FL
24 Zip: 33471 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.: 360 Alligator Rd. NW
28 City & State: Moore Haven, FL.
29 Zip: 33471 30 Country: USA

4. FEI Number: 59-2821750 ☐ 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

9. Name and Address of Current Registered Agent

COLEMAN, GARRY A.
ROUTE 2, BOX 624EE
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

81 Name: Garry A. Coleman
82 Street Address (P.O. Box Number is Not Acceptable)
83: 360 Alligator Rd. NW
84 City: Moore Haven, FL 85 Zip Code: 33471

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: Garry A. Coleman — Garry A. Coleman — 3/8/96
Signature of New Registered Agent, if Changed — Name of New Registered Agent — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLEMAN, EMMA RUTH RT 2 BOX 624 EE LAKEPORT FL	☐ DELETE	11 TITLE: President 12 NAME: Coleman, Emma Ruth 13 STREET ADDRESS: 360 Alligator Rd. NW 14 CITY-ST-ZIP: Moore Haven, FL. 33471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLEMAN, GARRY A RT 3 BOX 624 EE LAKEPORT FL	☐ DELETE	21 TITLE: Vice-President 22 NAME: Coleman, Garry A. 23 STREET ADDRESS: 360 Alligator Rd. NW 24 CITY-ST-ZIP: Moore Haven, FL. 33471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, EMMA RUTH RT 2 BOX 99A MOORE HAVEN FL	☐ DELETE	31 TITLE: D 32 NAME: Coleman, Emma Ruth 33 STREET ADDRESS: 360 Alligator Rd. NW 34 CITY-ST-ZIP: Moore Haven, FL. 33471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP

100001758711
-03/27/96--01001--003
***208.75

3-26-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Emma Ruth Coleman — 3/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Emma Ruth Coleman, President

CR2E034 (12/95)