

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K01307** (3)

1. Corporation Name
MIKES SEPTIC TANK SERVICE, INC.



Principal Place of Business: **5120 U.S. HIGHWAY 41 PALMETTO FL 34221**
Mailing Address: **5120 U.S. HIGHWAY 41 PALMETTO FL 34221**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 Sub., Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **11/06/1987**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **59-2857298** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **ROBERTS, BRUCE F. 7753 STATE ROAD #72 SARASOTA FL 34241**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0802 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0806, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title, if applicable. Date: Expires 14 days after filing date. Title: (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JACQUELYN D.	2. NAME	
STREET ADDRESS	5120 U.S. HWY 41	3. STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SVD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MARTIN L.	6. NAME	
STREET ADDRESS	5120 U.S. HWY 41	7. STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *Jacquelyn D. Nelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Jacquelyn D. Nelson**

4-4-96 941-722-0828
Date Expires: _____

CR2E084 (12/95)