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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name K08315

(9)

LAPIN SEPTIC TANK SERVICE, INC.

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FILED

Jan 26 1998 8:00am

Secretary of State

Principal Place of Business				Mailing Address							
SOM W. 40TH STREET ORLANDO FL 32839 US				3031 W. 40TH STREET ORLANDO FL 32839 US							
								DO NOT WRITE IN THIS SPACE			
.		U	US				3. Date Incorporated or Qualified				
								12/22/1987			
2. Principal P	lace of Business	<u> </u>	2a.	Mailing Address			······································	4. FEI Number		TAI	pplied For
21 303] W. 40TH STREET Suite, Apt. #, etc.				26 3031 W. 40TH STREET Suite, Apt. #, etc.				59-2861825	}	ot Applicable	
								5. Certificate of Status Desired S8.75 Addition			Additional
22			27					5. Certificate of Status Des	190 L	Fee Ro	equired
City & Stat				City & State	•			6. Election Campaign Final	ncing	\$5.00	May Be
23 ORLAN	IDO, FL		28 ORLANDO, F					Trust Fund Contribution		Added	to Fees
Zip	<u></u>	Country	<u> </u>	L,	Country	y	8. This corporation owes or				
<u>24 32839</u>		ORANGE		32839	30	ORA	NGE	Personal Property Tax d			No
		Address of Current	Regist	ered Agent		-	1	10. Name and Address of i	lew Registered	J Agent	
	VPIN, DENNIS					81	Name				
)31 W. 40TH S						Street Addi	ress (P.O. Box Number is Not A	cceptable)		
OI	rlando fl 32										
							:				
						84	City		FI	85 Zip	Code
11, Pursuant	to the provisions	of Sections 607.0502	and 60	7.1508, Florida Statu	ites, the	abov	e-named corp	poration submits this statement t	or the purpose	of changing it	ts registered
office or r	e diste red agent.	or both, in the State of accept the obligation	of Florida	a. Such change was	author	ized b	v the corporat	ion's board of directors. I hereb	y accept the ap	pointment as	registered
SIGNATURE		and double, the obliga			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.				
SIGNATURE	Signature, typed or pr	int ed name of registered ager	n and title if	applicable (NC	1E Regis	tered Ag	ent signature requi	red when reinstating)	DATE		
12.		OFFICERS AND	DIREC			3.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PTS			DELETE	1.	.1 TITLE				Change	Addition
NAME	LAPIN, DEI				1.	2 NAME					
STREET ADDRESS		OTH STREET			1.	3 STREE	F ADDRESS				
CITY-ST-ZIP	ORLANDO	FL			1.	.4 City -	ST-ZIP				
TITLE				☐ DELETE		.1 THTLE				Change	☐ Addition
HAME					2.	.2 NAME					
STREET ADDRESS	•				2.	3 STREE	I ADDRESS				
CITY-ST-ZIP					2	4 CITY-	ST-ZIP				
TITLE				DELETE	3.	.1 TITLE				Change	Addition
NAME					3.	2 NAME					ļ
STREET ADDRESS					3.	3 STREE	T ADDRESS				
CITY-ST-ZIP					3.	4. CITY-	ST-ZIP				
TITLE				☐ DELET e	4.	1 TITLE				Change	Addition
NAME					4.	2 NAME	[
STREET ADDRESS					4.	3 STHEET	ADDRESS				
CITY-ST-ZIP		<u></u>			4.	4 CITY-S	ST - ZIP				
TITLE				DELETE	5.	1 TITLE				Change	☐ Addition
NAME					5.	2 NAME					
STREET ADDRESS					5.	3 STREET	r address				
CITY-ST-ZIP					5.	4 City-S	ST-ZIP				
TITLE				DELETE	6.	1 TITLE				Change	Addition
NAME					6.	2 NAME	\				
OTDEET ANODECC						a experi	LADDOLOG				

6.4 CITY - ST - ZIP 14. I 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 eath; 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.