FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90041 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCOL	MENT # K10677					
i. Corporation	name	INC	•			
KITCHEN	is s <mark>eptic tank service,</mark> i	INC.		1 149101U 081 HARS BANK BIGS 180H (8 81 41 61)	SIGEL GIANI BLBIK GIĞEL G	14 8 11 1 86 1
Principal Place	of Business	Mailing Address		T (LOIST) don their entire digit realitient distri-	AJBRI DIBIL BIBLI DIBIL D	
747 POPASH R	•	1849 KEN MCLEOD RD				
POPASH RD	·	WAUCHULA FL 33873				
WAUCHULA FL	33873	US		DO NOT WRITE IN THIS	SPACE	
US				3. Date Incorporated or Qualifed		
		10-14 11 11-11		01/04/1988 4. FEI Number	Applied	1 For
─ ` ·	ace of Business	2a. Mailing Address		65-0026358		plicable
21 Suita Ant	# oto	Suite, Apt. #, etc.		_	\$8.75 Addit	•
Suite, Apt. :	#, etc.	27		5. Certificate of Status Desired	Fee Require	
City & State		City & State		6. Election Campaign Financing	\$5.00 May	/ Be
23		28		Trust Fund Contribution	Added to Fe	
Zip	Country	Zip	Country	8. This corporation owes the current year In	ntangible	,
24	25	29	30	Personal Property Tax.	Yes 🗹	No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	l Agent	
		•	81 Name			
	TY KITCHENS		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
l	KEN MCLEOD RD	:				
WAU	CHULA FL 33873	*	83			
	•		84 City		85 Zip Code	•
				Fl		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute Felorida, Such change was au	s, the above-named cor thorized by the corporat	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	ointment as registe	ered
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607,0505, Flori	da Statutes.	7-	20-99	
SIGNATURE	Signature, typed or printed name of registered agent	Kusty Kitche	ac Vica VI	resident 5	7- 17	
		LUI CONTE				— Ì
			Registered Agent signature requi		ND DIRECTORS	
12.	OFFICERS AND		Registered Agent signature requi	ired when reinstating) DATE		IN 12 Addition
12. TITLE	OFFICERS AND	DIRECTORS .	Registered Agent signature requi	ired when reinstating) DATE		
12. TITLE NAME	OFFICERS AND PD KITCHENS, ROCKY A.	DIRECTORS .	Registered Agent signature requi	ired when reinstating) DATE		
12. TITLE NAME STREET ADDRESS	OFFICERS AND PD KITCHENS, ROCKY A. 747 POPASH RD	DIRECTORS .	Registered Agent signature requies 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ired when reinstating) DATE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD KITCHENS, ROCKY A. 747 POPASH RD WAUCHULA FL 33873	DIRECTORS .	13. 1.1 TITLE 1.2 NAME	ired when reinstating) DATE	☐ Change	
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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 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 affact)ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: