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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # K79028

1. Corporation Name

R & R SEWAGE LIFT STATION SERVICES, INC.

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90026 012 ***150.00

		· 						
Principal Plac	e of Business	Mailing Address				1 (3513(1) 411 14314 1411 1411		
11612 GROVEV	VOOD AVENUE	11612 GROVEWOOD AVEN	IUE					
THONOTOSASS		THONOTOSASSA FL 33592				DO NOT INDITE IN THE	00405	
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
						3. Date incorporated or equalities 04/10/1989		
		1 - A4 92 Add				4. FEI Number		Applied For
2. Principal P	Place of Business	2a. Mailing Address				• • • • • • • • • • • • • • • • • • • •		Not Applicable
21		26				59-2940080		Additional
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	• -	Required
22		27						0 May Be
City & Stat	te .	City & State				6. Election Campaign Financing Trust Fund Contribution	•	o may be d to Fees
23		28	C 01	untry				4 10 1 003
Zip	Country	Zip	_	untry		This corporation owes the current year in Personal Property Tax.	langible ☐ Yes	₽ No
24	[25]	29	30			10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent		81	Name	TU. Name and Address of New Adgress	7.99	
SMI	TH, RUTH			"	Maine			
	12 GROVEWOOD AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	NOTOSASSA FL 33592						•••	
ino	MUTUSASSA FL 33392			83				}
				84	City		85 Zi	p Code
						FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove-	named corpo	pration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing intraction	registered registered
οπice or a	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Sta	tutes.	na corporation	ing bodie of encousies a money accept and appear		
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent	signature required	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP							
NAME		☐ DELETE	1.1 T	TILE			Chang	
	SMITH, DOUGLAS R.	☐ DETEIE		itile Iame			L Chang	2
STREET ADDRESS	JAMES OR OVERHOOD AVENUE	□ DELETE	1.2 N	IAME	ADDRESS		∐ Chang	
	JAMES OR OVERHOOD AVENUE	□ DELETE	1.2 N 1.3 S	IAME				
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CITY-ST-ZIP TITLE NAME	11612 GROVEWOOD AVENUE THONOTOSASSA FL DV SMITH, RUTH R.		1.2 M 1.3 S 1.4 C 2.1 T 2.2 M	IAME STREET A SITY-ST- TILE IAME				
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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 attachment with an address, with all other like empowered.

SIGNATURE:

MITH 3-29-99 813986/007