

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90236 042 \*\*\*150.00

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DOCUMENT # K90675

1. Corporation Name

JACK CARROLL SEPTIC, INC.

Principal Place of Business

3616 GULF BREEZE LANE  
PUNTA GORDA FL 33951-0729  
US

Mailing Address

PO BOX 510729  
PUNTA GORDA FL 33951-0729  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1989

4. FEI Number

65-0110786

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2700 Vicking Avenue

Suite, Apt. #, etc.

22

City & State

23 Punta Gorda, Florida

Zip

24 33950

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CARROLL, JACK  
3616 GULF BREEZE LANE  
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name

Carroll, Alan

82 Street Address (P.O. Box Number is Not Acceptable)

27 Vicking Avenue

83

84 City

Punta Gorda

FL

85 Zip Code

33950

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

*Kenneth H. Carroll*

3/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE  
NAME CARROLL, JACK  
STREET ADDRESS 3616 GULF BREEZE LN  
CITY-ST-ZIP PUNTA GORDA FL

TITLE SDT ☒ DELETE  
NAME CARROLL, NOLA  
STREET ADDRESS 3616 GULF BREEZE LN  
CITY-ST-ZIP PUNTA GORDA FL

TITLE PD ☐ DELETE  
NAME CARROLL, ALAN  
STREET ADDRESS 1420 E MARION AVE  
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition  
3.2 NAME P.V.P.T.S.  
3.3 STREET ADDRESS Carroll, Alan  
3.4 CITY-ST-ZIP 27 Vicking Avenue  
Punta Gorda, Florida 33950

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

*Kenneth H. Carroll* Alan Carroll

2-24-99

941-639-8386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)