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

PROFIT CORPORATION ANNUAL REPORT

1997



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SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06577

(5)

T.C. SEPTIC. INC.

Principal Place of Business Mailing Address % FRANK HOLTER % FRANK HOLTER 5753 ORANGE GROVE AVE. 5753 ORANGE GROVE AVE **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34652-1420 3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1989 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2991827 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name HOLTER, FRANK % T.C. SEPTIC 82 Street Address (P.O. Box Number is Not Acceptable) 5753 ORANGE GROVE AVE. 83 **NEW PORT RICHEY FL 34652** 84 City Zip Code 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 Signature, typied or printed name of registered agent and the P applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) PST DELETE Change Addition 1.1 TITLE TITLE HOLTER, J. MICHAEL **E034** NAME 5753 ORANGE 1.2 NAME 730 N. JACKSON ST 1.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition D 2 1 TITLE TITLE HOLTER, J. MICHAEL 22 NAME NAME 730 N. JACKSON ST 5753 ORANGE STREET ADDRESS 2.3 STREET ADDRESS **NEW PORT RICHEY FL** 2 4 City-St-ZiP CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HOLTER, FRANK NAME 3.2 NAME 5763 ORANGE GROVE AVE. 5753 ORANGE GROV 3.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** 3.4. CITY-ST-ZIP CITY-ST-2IF DELETE 4 1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition 61 TITLE TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR