

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L06577

Entity Name: ABC/T.C. SEPTIC, INC.

FILED  
Sep 23, 2005  
Secretary of State

**Current Principal Place of Business:**

11421 SR 52  
HUDSON, FL 34669

**New Principal Place of Business:**

**Current Mailing Address:**

11421 SR 52  
HUDSON, FL 34669

**New Mailing Address:**

FEI Number: 59-2991796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLTER, DONNA L  
5753 ORANGE GROVE AVE.  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DONNA L HOLTER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOLTER, J. MICHAEL  
Address: 11421 SR 52  
City-St-Zip: HUDSON, FL 34669

Title: V ( ) Delete  
Name: SHAW, SHARON RENAY  
Address: 11421 SR 52  
City-St-Zip: HUDSON, FL 34669

Title: MST ( ) Delete  
Name: HOLTER, DONNA L  
Address: 11421 SR 52  
City-St-Zip: HUDSON, FL 34669

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L. HOLTER

Electronic Signature of Signing Officer or Director

MST

09/23/2005

Date