FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L69106** **(7)**

1. Corporate Name

WM.H.GRAY, SEPTIC PREPARATION, INC.

Principal Place of Business

% WILLIAM H. GRAY
18551 NALLE ROAD
N. FT. MYERS FL 33917

Mailing Address

% WILLIAM H. GRAY
18551 NALLE ROAD
N. FT. MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1990

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # — 22

Suite, Apt. # — 27

City, State — 23

City, State — 28

24 25 29 30

4. FEI Number: 65-0188647

Applied For ☐
Not Applicable ☐

5. Certificate of Status (optional) ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has elected to be classified as a small business under s. 1009.05 Florida Statutes. XX Yes ☐ No

9. Name and Address of Current Registered Agent

GRAY, WILLIAM H.
18551 NALLE ROAD
NORTH FT. MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the street address of its registered office and the name of its registered agent are as follows:

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GRAY, WILLIAM H.
STREET ADDRESS	18551 NALLE ROAD
CITY, ST, ZIP	N. FT. MYERS, FL33917
TITLE	DVS
NAME	GRAY, BETTY J
STREET ADDRESS	18551 NALLE RD
CITY, ST, ZIP	N FT MYERS FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES, TITLE CHANGES, AND DELETIONS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	33917
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(y), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or an attachment with an address.

SIGNATURE: Betty J. Gray — Betty J. Gray-Vice-Pres./ Secretary — 4/28/95 — 813-731-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone

0334172 CP