

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90052 012 ***158.75

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1. Entity Name
GLENN W. TATUM TRANSPORT & SEPTIC, INC.



Principal Place of Business
**P.O. BOX 967
ZELLWOOD, FL 32798**

Mailing Address
**P.O. BOX 967
ZELLWOOD, FL 32798**

34022639



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

36 59-3618738

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLY, EDWARD J
110 LITTLE WEKIVA CT.
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name **Patricia Tatum**

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

4503 Round Lake Rd

City

Apopka

FL

Zip Code

32712

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Patricia Tatum** **Patricia Tatum** **VP**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TATUM, GLENN W**
STREET ADDRESS **P.O. BOX 967**
CITY-ST-ZIP **ZELLWOOD, FL 32798**

TITLE **REGISTERED AGENT** ☒ Delete
NAME **EDWARD KELLY**
STREET ADDRESS **110 LITTLE WEKIVA CT**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **PATRICIA TATUM**
STREET ADDRESS **P.O. BOX 967**
CITY-ST-ZIP **ZELLWOOD, FL 32798**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Glenn W. Tatum**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-25-04

Daytime Phone #

407

814-9098