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 APR 26 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000005500 (2)

1. Corporation Name
ACTION SEPTIC, INC.

Principal Place of Business	Mailing Address
4911 SW 164 TER FT LAUDERDALE FL 33331	18160 NW 2 AVE. #30 N. MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/19/1993**	3a. Date of Last Report: **04/08/1994**
4. FEI Number: **65-0377813**	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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ■ No	

2. Principal Place of Business 21 716 N. 20th AVE	2a. Mailing Address 26
Suite, Apt. #, etc. 22 [redacted]	Suite, Apt. #, etc. 27
City & State 23 HOLLYWOOD FL	City & State 28
Zip 24 33020 · Country 25 USA BROWARD	Zip 29 · Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMOLER, BRUCE J. P.A. 3940 INTERNATIONAL PL 100 SE 2ND ST. MIAMI FL 33131	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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PRESIDENT / TREASURER ☒ Change ☐ Addition
NAME	DONNELLY, JOANNE — DELETE	1.2 NAME	HOSLER, PATRICK GENE JR.
STREET ADDRESS	4911 SW 164 TER	1.3 STREET ADDRESS	716 N 20th AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33331	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	V	2.1 TITLE	VICE PRES. / SECRETARY ■ Change ☒ Addition
NAME	HOSLER, PATRICK GENE JR.	2.2 NAME	DONNELLY, GEORGE R.
STREET ADDRESS	716 N. 20TH AVE.	2.3 STREET ADDRESS	4911 SW 164 TERR
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	FT. LAUD FL 33331
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, GEORGE S — This was to deleted last year	3.2 NAME	
STREET ADDRESS	4911 SW 164 TER	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE "P"'S SON	4.2 NAME	
STREET ADDRESS	NO LONGER OFFICER	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: PATRICK G HOSLER JR PRES 1-19-95 305 922 7038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0184818 CP