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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

RT 1 BOX 2155

HILLIARD FL 32046



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Mailing Address

RT 1 BOX 2155

HILLIARD FL 32046

Secretary of State

DIVISION OF CORPORATIONS

P93000023313 (8) DOCUMENT #

BREWER SEPTIC TANK SERVICE, INC.

FILED Apr 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2262 Bean 2762 Bear 59-3181281 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution 44/28 Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No g. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent CORPORATION INFORMATION SERVICES INC. 81 Name 1201 HAYS ST. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 85 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. (NOTE Bi-gistered Agent signature required when reinstating) Signature, based by printed missic of registers diagond and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ___ Addition TITL# 1.1 TITLE Brewer Betty BREWER, BETTY J NAME 1.2 NAME RT 1 BOX 2155 STREET ADDRESS 1.3 STREET ADDRESS HILLIARD FL CITY - ST - ZIP 1 4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Addition BREWER, RANDY NAME 2.2 NAME RT 1 BOX 2155 STREET ADDRESS 23 STREFT ADDRESS HILLIARD FL CITY - ST - ZIP 2 4 CITY - ST-ZIP DELFTE TITLE ☐ Addition 31 TITLE NAME 3.2 NAME STREET ADORESS 3 3 STREET ADDRESS CITY - ST - ZIP 34. CHTY-ST-ZIP TITLE DELFTE Change Addition 4 1 TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 14. Thereby 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 suppliemental 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 13 if changed, or on an attachment with an address.