2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000042687**

TAYLOR, JAMES R.

SIGNATURE

11.

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

4720 MINNETONKA ST PENSACOLA FL 32526

9. This corporation is eligible to satisfy its Intangible

TAYLOR, JAMES R

PENSACOLA FL

PENSACOLA FL

TAYLOR, JOHN A

PENSACOLA FL

4720 MINNETONKA ST

TAYLOR, MARILYN R

4720 MINNETONKA ST

4800 MINNETONKA ST

TAYLOR, CLAUDIA J

4800 MINNETONKA ST.

PENSACOLA FL 32526

Tax filing requirement and elects to do so.

(See criteria on back)

A & K SEPTIC TANK & PORTABLE TOILET CO, INC.

Principal Place of Business Mailing Address 4720 MINNETONKA STREET 4720 MINNETONKA STREET PENSACOLA FL 32526-9369 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

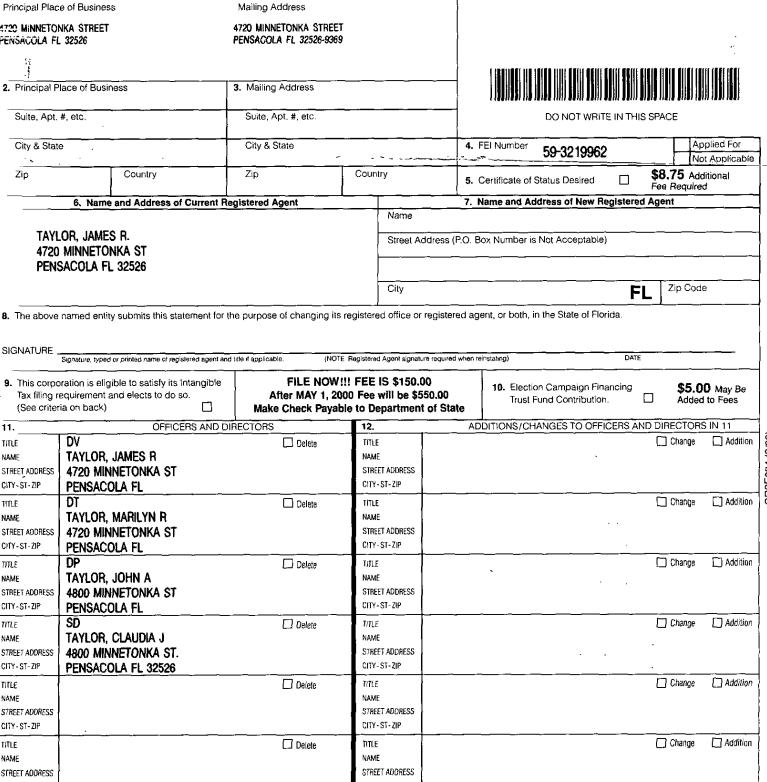
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILED Feb 01, 2000 8:00 am Secretary of State

02-01-2000 90109 002 ***150.00



13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

DIDE

NAME

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: ED OR PRINTED NA

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