			· ·
<b>FILE NOW:</b>	<b>FILING FEE</b>	<b>AFTER MAY</b>	1ST IS \$550.00

COF	PROFIT RPORATION JAL REPORT	Katheri Secretar	RTMENT OF STATE  ne Harris  y of State  CORPORATIONS	FILED	
1. Corporatio	MENT # P9300 SEPTIC CO., INC.	0073582	,	SECRETARY OF STATE	<del>.</del>
Principal Plac 5100 MANGO / COCOA FL 329	AVE	Mailing Address 5100 MANGO AVE COCOA FL 32926	***************************************	DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed	: SPACE
Suite, Apt. 22 City & Stat		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		10/18/1993  4. FEI Number 59-3217482  5. Certificate of Status Desired  6. Election Campaign Financing	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be
Zip 24	Country 25  9. Name and Address of Curr	Zip 29 29 rent Registered Agent	Country 30 81 Name	8. This corporation owes the current year Int Personal Property Tax.  10. Name and Address of New Registered	Yes No
5100 CQC 11. Pursuant office or re	KEY, GARY S D MANGO AVE COA FL 32926 To the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the oblinations.	ite of Florida. Such change was at	83  84 City es, the above-named corporation of the	FL coration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	85 Zip Code changing its registered ntment as registered
12. TITLE NAME STREET ADDRESS	Signature typed granted name of registered a OFFICERS / OFFICERS / D KIRKEY, GARY S 5100 MANGO AVE	AND DIRECTORS  DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12  Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	COCOA FL 32926	☐ DELETE		REINSTATEMENT	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	2000073748 -08/27/0201 : ***1050.00	Change Addition 3.42—6 1.045—026 ***1050.00
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	• .	☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	adify that the information country	OELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Spotion 110 07/2V(i) Florido Steh des 15 ad-	Change Addition
indicated	on this annual report or supplied.	what and ming does not qualify for	uie exemplion stated in 3	Section 119.07(3)(i), Florida Statutes. I further cert	ary diat the inspiringuon

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 chapped, or on an attachment with an address, with all other like empowered.

GNATURE:

221-536-5

321-536-5989