FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046335

1. Corporation Name
Arcadia Septic Tank, Inc.

Principal Place of Business
130 B South Monroe St
Arcadia, FL 33821

Mailing Address
P.O. Box 3022
Arcadia, FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: July 1, 1994
3a. Date of Last Report: 6/30/95

2. Principal Place of Business
21 130 B South Monroe St.
Suite, Apt #, etc 22
City & State 23 Arcadia, FL.
Zip 24 33821 Country 25

2a. Mailing Address
26 P.O. Box 3022
Suite, Apt #, etc 27
City & State 28 Arcadia, FL
Zip 29 33821 Country 30

4. FEI Number: 65-0508373 ☐ 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

9. Name and Address of Current Registered Agent

Alice Dedge
P.O. Box 3022
130 B South Monroe ST.
Arcadia, Fl 33821

10. Name and Address of New Registered Agent

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: Alice Dedge
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	President	11 TITLE	Vice President ☒ Change ☐ Addition
NAME	Alice Dedge	12 NAME	Shawn Hoflin
STREET ADDRESS	Miami ST. Flor Arcadia Est.	13 STREET ADDRESS	P.O. Box 744 N/A
CITY ST ZIP	Arcadia, Fl 33821	14 CITY ST ZIP	Nocatee, Fl 33864
TITLE	V. President	21 TITLE	Vice President ☐ Change ☒ Addition
NAME	Alice Dedge	22 NAME	Robert E. Blackmon
STREET ADDRESS	Miami ST. Blk 58. Flor Arcadia Est	23 STREET ADDRESS	P.O. Box 1591 N/A
CITY ST ZIP	Arcadia, Fl 33821	24 CITY ST ZIP	Arcadia, Fl 33821
TITLE	Secretary	31 TITLE	☐ Change ☐ Addition
NAME	Alice Dedge	32 NAME	900001478919
STREET ADDRESS	Miami ST. Blk 58	33 STREET ADDRESS	-05/08/95--01051--019
CITY ST ZIP	Arcadia, Fl 33821	34 CITY ST ZIP	****200.00 ****200.00
TITLE	Treasurer	41 TITLE	☐ Change ☐ Addition
NAME	Alice Dedge	42 NAME	
STREET ADDRESS	Miami ST. Blk 58	43 STREET ADDRESS	
CITY ST ZIP	Arcadia, Fl 33821	44 CITY ST ZIP	
TITLE	Vice President	51 TITLE	☐ Change ☐ Addition
NAME	John Steyer	52 NAME	
STREET ADDRESS	1358 S.E. Hwy 31	53 STREET ADDRESS	$M511
CITY ST ZIP	Arcadia, Fl 33821	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: Alice Dedge ALICE DEDGE 11/25/95 813-494-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #