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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400076730

Country

9. Name and Address of Current Registered Agent

25

JOHNSON, JOHN R 6001 FEATHER LANE SANFORD FL 32771

1. Corporation Name

ACME SEPTIC SYSTEMS, INC.

Principal	Place	of Busines	S

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

6001 FEATHER LANE SANFORD FL 32771

21

22

23

24

Zip

6001 FEATHER LANE SANFORD FL 32771

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90003 022 ***158.75



	DO NOT WRIT	E IN THI	S SPACE	
3. Date Incorp	orated or Qualifed			
10/19/19	94			
4. FEI Numbe				Applied For
59-32732	293			Not Applicable
5. Certifcate of	f Status Desired		\$8.75 Additional Fee Required	
6. Election Ca	mpaign Financing		\$5.	00 May Be

Added to Fees

	Personal Property	rTax. ∐Yes ∐No
	10. Name and Addre	ess of New Registered Agent
81	Name	
82	Street Address (P.O. Box Number is	Not Acceptable)
83		
84	City	85 Zip Code

8. This corporation owes the current year Intangible

Trust Fund Contribution

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.

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature req	uired when reinstating) DATE	Ì
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	R\$ IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	JOHNSON, JOHN R		1.2 NAME		
STREET ADDRESS	6001 FEATHER LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME	JOHNSON, JUDITH.R.		2.2 NAME	The state of the s	
STREET ADDRESS	6001 FEATHER LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	, <u> </u>		3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TTILE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition \
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	: (## - 1 - 3) ·		5.4 CITY+ST-ZIP		
TITLE 'U.	But a like to the	☐ DELETE	6.1 TITLE	☐ Change	Addition !
NAME 🚓	SW 19-24		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZiP			6.4 CITY-ST-ZIP		
14 hereby	certify that the information supplied with this filing does	not qualify for the	e exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the in	formation

indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 1.15.07(5)(f), Florida Statutes. I further certain that 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 chapter 6, or on an attachment with an address, with all other like empowered.