SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000001142 (5) WALT'S SEWER & DRAIN, INC. Principal Place of Business Mailing Address 9680 SE 164 PL 9680 SE 164 PL SUMMERFIELD FL 34491 SUMMERFIELD FL 34491 3. Date Incorporated or Qualified 3a. Date of Last Report 01/02/1995 2. Principal Place of Business 2a. Marling Address Applied For 65-05496 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιο Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREY, WALTER J SR. 9680 SE 164 PL 82 Street Address (P.O. Box Number is Not Acceptable) SUMMERFIELD FL 34491 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, type for printe in a select registered agent and their apply lable (YEME: Registered Agent signature required when remaining) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition GREY. WALTER J SR. NAME 1.2 NAME 9680 SE 164 PL STREET ADDRESS 1.3 STREET ADDRESS SUMMERFIELD FL 34491 CITY-ST-ZIP 1.4 CiTY - ST - ZIF TITLE DELETE 21 TITLE Change ____ Addition NAME 2.2 NAME 2.3 STREET ADDRESS 2 4 City - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-S1-ZiP 4.4 CHTY - S1 - 7(P) DELETE 311LE 51 TITLE Change Addition NAME

14. Ido 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)(k). 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 tip corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

5.3 STHEET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

61 HILE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

8/10/96

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