

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000022114 (9)

1. Corporation Name

SUNCOAST SEPTIC TANKS, INC.

Principal Place of Business

Mailing Address

6304 TROPICAIRE BLVD  
NORTH PORT FL 34287

6304 TROPICAIRE BLVD  
NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1995

4. FEI Number

65-0564924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

PALM, MELVIN C  
6304 TROPICAIRE BLVD  
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

35

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

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 PS ☐ DELETE

NAME PALM, JASON C.  
STREET ADDRESS 6304 TROPICAIRE BLVD.  
CITY-ST-ZIP NORTH PORT FL

1.1 TITLE ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME CASSISE, ANTHONY J  
STREET ADDRESS 8326 GIANCEDO DR  
CITY-ST-ZIP NORTH PORT FL 34287

1.2 NAME ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME LAURENO, CHRISTOPHER R  
STREET ADDRESS 6485 RIESTERTOWN  
CITY-ST-ZIP NORTH PORT FL 34287

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