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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1998 8:00am

Secretary of State

DOCUMENT # P95000022114 (9)

SUNCOAST SEPTIC TANKS, INC. Principal Place of Business Mailing Address **6304 TROPICAIRE BLVD** 6304 TROPICAIRE BLVD NORTH PORT FL 34287 NORTH PORT FL 34287 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/17/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0564924 26 Not Applicable Sulte, 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 26 Trust Fund Contribution П Added to Fees Country Coulitry Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due Jurie 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PALM. MELVIN C 6304 TROPICAIRE BLVD Street Address (P.O. Box Number is Not Acceptable) NORTH PORT FL 34287 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stat ve-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable gent signature required when reinstating) OFFICERS AND DIRECTORS 10/9/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 T ☐ Change Addition NAME PALM, JASON C. 1.2 N CR2E034 6304 TROPICAIRE BLVD. STREET ADDRESS 1.3 \$ EET ADDRESS **NORTH PORT FL** CITY-ST-ZIP 140 Y-ST-ZIP ☐ DELETE TITLE AS 2.1 11 Change Addition **CASSISE, ANTHONY J** NAME 2.2 NAME 8326 GIANCEDO DR STREET ADDRESS 2.3 STHEET ADDRESS NORTH PORT FL 34287 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME LAURENO, CHRISTOPHER R 3.2 NAME STREET ADDRESS 6485 RIESTERTOWN 3.3 STREET ADDRESS CITY-ST-ZIP NORTH PORT FL 34287 3.4. CITY-ST-ZIP DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 13 if changed, or on an attachment with an address.

CIGNATUDE.

1. a. K