FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000027681 (2)**

1. Corporate Name
SOUTHERN LIFT STATIONS, INC.

Principal Place of Business
12 E MCKEY ST
OCOEE FL 34761

Mailing Address
12 E MCKEY ST
OCOEE FL 34761

3. Date Incorporated or Qualified: **04/04/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 **17540 W. Colonial Drive**
Suite, Apt. #, etc.
22
City & State
23 **Winter Garden, FL**
Zip
24 **34787** 25 County

2a. Mailing Address
26 **17540 W. Colonial Drive**
Suite, Apt. #, etc.
27
City & State
28 **Winter Garden, FL**
Zip
29 **34787** 30 County **USA**

4. FEI Number: **59-3307521** ☐ 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

GRIFFIN, BEN
12 E MCKEY ST
OCOEE FL 34761

10. Name and Address of New Registered Agent

81 Name: **James A. Pollet**
82 Street Address (P.O. Box Number is Not Acceptable): **17540 W. Colonial Drive**
83
84 City: **Winter Garden** **FL** 85 Zip Code: **34787**

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its 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: *James A. Pollet* James A. Pollet 1/17/96
Name of Person Authorizing Change — Date

12. OFFICERS AND DIRECTORS

Title: D Name: GRIFFIN, BEN Street Address: 12 E MCKEY ST City-St-Zip: OCOEE FL 34761	☒ DELETE	
Title: Name: Street Address: City-St-Zip:	☐ DELETE	
Title: Name: Street Address: City-St-Zip:	☐ DELETE	
Title: Name: Street Address: City-St-Zip:	☐ DELETE	
Title: Name: Street Address: City-St-Zip:	☐ DELETE	
Title: Name: Street Address: City-St-Zip:	☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D,P,S,T James A. Pollet 9602 Bear Lake Road, Apopka	☐ Change ☒ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I 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 added above or on an attachment with an address.

SIGNATURE: *James A. Pollet* James A. Pollet 1/17/96 407-877-8917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #