SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1708 St Lucie Co

DOCUMENT # P96000013714 (6)

Country

9. Name and Address of Current Registered Agent

25

FASNACHT, LISA M 705 S MARKET AVE

FT PIERCE FL 34982

D.J.'S PORTABLE TOILETS, INC.

Principal	Place	of E	Busin	ess

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

Zip

24

Mailing Address

705 \$ MARKET AVE FT PIERCE FL 34982

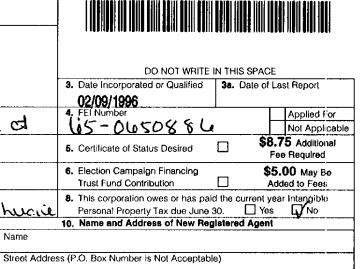
705 \$ MARKET AVE FT PIERCE FL 34982

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Sep 15 1997 8:00am Secretary of State



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

Country

81

82

83

Name

office or r agent. I a	egistered agent, or both, in the State of Florida. Such chan im f <mark>amili</mark> ar with, and accept the obligations of, Section 607.	ige was auth .0505, Florid	norized by the corpo la Statutes.	oration's board of director	rs. I hereby accept t	he appointment a	s registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	WOTE 5				DATE	
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS	H-1ICM)	egistered Agent signature r		ANGES TO OFFICER	DATE OS AND DIRECTO	DS IN 12
TITLE	PSD DE	LETE	1.1 TITLE	ADDITIONOJOH)	THE TO STATE	☐ Change	
NAME	FASNACHT, LISA M		1.2 NAME				<u></u>
STREET ADDRESS	705 S MARKET AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT PIERCE FL 34982		1.4 CITY - ST - ZIP				
TITLE	DE	LETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME			•	
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY - ST - ZIP				
TITLE	L DE	LETE	3.1 TITLE		5.47	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	DE	LETE	4.1 TITLE			Change	Addition
NAME			4, 2 NAME				*
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE	DE	LETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	DE	LETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
DITY PT 710			CACITY OT 3ID				

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

Zip Code