## 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

P96000027289 (3)

## DOCUMENT # NATIONWIDE SEPTIC PRODUCTS INCORPORATED

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



97 SEP 25 AH 11: 10

☐ Change

\_\_\_ Addition

SECRETARY OF STATE TALLAMASSES FLORIDA

Principal Piac	Principal Place of Business Mailing Address			r common and analys delited fill delited fills field field light field felt.				
B62 NW 109 CORAL SPRI		862 NW 109 TER.	-94					
CONAL OF N	CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	3a. Date of Last	Benort	
					03/22/1996	July Dule of East	порол	
2. Principal F	Place of Business	2a. Mailing Address		·	4. FEI Number	J	Applied For	
21 101	ملموس المراجع المستحد	26			165-06555	15	ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				CQ 75	Additional	
22		27			5. Certificate of Status Desired	,	Required	
City & State City & State					6. Election Campaign Financing	\$5.00	) May Be	
23 SU	note , florida	28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country		B. This corporation owes or has pai	d the current year Ir	ntangible:	
24 333		29	30		Personal Property Tax due June		□ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	jistered Agent		
	IMSTRONG, JAMES E JR.		81	Name				
862 NW 109 TER.				Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33071								
			83					
			84	City		<b>—. 85</b> Zip	Code	
			1 1	•				
11. Pursuant	to the provisions of Sections 607.0502 are oistered agent, or both is the State of	and 607.1508, Florida Statuti Ælorida, Such change was a	es, the above-r	named corpo	pration submits this statement for the pu	rpose of changing	its registered	
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	sames E. Germin		Registered Agent				フタフ	
12.	Ignature, typed or printed name of registered agent	and the if applicable. (NOT)	: Registered Agent	signature require		DATE		
TITLE	OFFICERS AND	DELETE	13.	1000	ADDITIONS/CHANGES TO OFFICE			
NAME		La beceir		Pre	sident mes E Armstrong 2 NW 109 Terra	☐ Change	Addition	
STREET ADDRESS			1.2 NAME	130	2 NW 109 terra	CP -		
			1.3 STREET AC 1.4 City - St - 1		oral Springs . FL	3:3071		
CITY-ST-ZIP		DELETE		ZIP C	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
NAME			2.1 TITLE		·	L Change	Addition	
STREET ADDRESS			2.2 NAME					
CITY-ST-ZIP			2.3 STREET AD 2.4 CITY - ST-					
TITLE		DELETE		ZIP		Change	[ ] Addition	
NAME		C precir	3.1 TITLE 3.2 NAME			∟ change	CT VOORON	
STREET ADDRESS			B 1					
			3.3 STREET AD					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST- 4.1 TITLE	ZIP	Anna Sanda San			
NAME		FT DELL'IE			3000 <b>023</b> -09/29/9		-017	
STREET ADDRESS			4. 2 NAME		~U37∠37? ****169	LIU ARRAI H OTICO	65.00	
I I			4.3 STREET AD		***** 100	) <b>,</b> ሀሀ ጥጥጥላ	00.00	
CITY ST-ZIP		DELETE	4.4 CITY-ST-2	7IP			4.00	
NAME		L.J DELETE	5.1 TITLE			L Change	Addition	
1			5.2 NAME		•			
STREET ADDRESS			5.3 STREET AD	DRESS				

CITY-ST-ZIP 64 CHY-ST-ZIP 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

## NATIONWIDE SEPTIC PRODUCTS, INC.

PO Box 772015 Coral Springs, Florida 33067

**General Office:** 

10111 NW 53rd Street Sunrise, Florida 33351

(954) 746-8444

To: Re clustatement

FROM: Jim ARMSTRONG Re: Previous Phone Calle.

My previous sheek was not recieved apparently it was last in the mail.

I hank you For your Help James E. Armstray