

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 MAY 14 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000104483

1. Corporation Name
C.J. MALPHURS SEPTIC TANK SERVICE, INC.

Principal Place of Business
824 BRENT DRIVE TALLAHASSEE FL 32311

Mailing Address
824 BRENT DRIVE TALLAHASSEE FL 32311

2. Principal Place of Business
21 **41 Mustang Drive**
Suite, Apt. #, etc.
22
23 **Crawfordville, FL**
City & State
24 **32327** 25 **Wakulla** Country
26 **41 Mustang Drive**
Suite, Apt. #, etc.
27
28 **Crawfordville, FL**
City & State
29 **32327** 30 **Wakulla** Country

9. Name and Address of Current Registered Agent

MALPHURS, FRED
824 BRENT DRIVE
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Applicable)
83 **41 Mustang Drive**
84 City **Crawfordville** FL 85 Zip Code **32327**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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: If a person is appointed as a new registered agent, the signature of the person being replaced is not required.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	[] DELETE
NAME	MALPHURS, FRED	
STREET ADDRESS	824 BRENT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VPS	[] DELETE
NAME	MALPHURS, TINA	
STREET ADDRESS	824 BRENT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	41 Mustang Drive
14 CITY-ST-ZIP	Crawfordville, FL 32327
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	41 Mustang Drive
24 CITY-ST-ZIP	Crawfordville, FL 32327
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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******150.00 ****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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