

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999  
 DOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90026 001 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000056077**

1. Corporation Name  
**ECONOMY SEPTIC, INC.**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/22/1998**

21. Principal Place of Business <b>301 Lakeriew Blvd.</b>	2a. Mailing Address <b>P.O. Box 157</b>	4. FEI Number <b>59-3531479</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. <b>-NA-</b>	27. Suite, Apt. #, etc. <b>-NA-</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State <b>Winter Haven, FL</b>	28. City & State <b>Eagle Lake, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>33880</b>	25. Country <b>Polk</b>	29. Zip <b>33839-0157</b>	30. Country <b>Polk</b>

9. Name and Address of Current Registered Agent <b>MONG, KIMBERLY 83 N. SECOND ST EAGLE LAKE FL 33839</b>	10. Name and Address of New Registered Agent 81 Name <b>Mong, Kimberly</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>301 Lakeriew Blvd.</b> 83 84 City <b>Winter Haven</b> FL 85 Zip Code <b>33880</b>
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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 **Kimberly Mong** **Kimberly Mong** **7-20-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>MONG, KIMBERLY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MONG, KIMBERLY</b>		1.2 NAME	
STREET ADDRESS <b>83 N. SECOND ST.</b>		1.3 STREET ADDRESS <b>301 Lakeriew Blvd</b>	
CITY-ST-ZIP <b>EAGLE LAKE FL 33839</b>		1.4 CITY-ST-ZIP <b>Winter Haven, FL 33880</b>	
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>MONG, DAVID C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MONG, DAVID C</b>		2.2 NAME	
STREET ADDRESS <b>83 N. SECOND ST</b>		2.3 STREET ADDRESS <b>301 Lakeriew Blvd.</b>	
CITY-ST-ZIP <b>EAGLE LAKE FL 33839</b>		2.4 CITY-ST-ZIP <b>Winter Haven FL 33880</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

99-  
 We never received the first notice for our annual report. It was sent to physical address instead of P.O. Box. I called and they said to send the 150.00 + attach letter.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 607.0505, Florida Statutes, and that my signature is that of an officer or director of the corporation or the receiver or trustee empowered to execute this report as provided in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kimberly Mong** **Kimberly Mong** **7-20-99** **941-299-10797**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)