

09221999-90013-012-5550.00-5550.00

999.

AMOUNT DUE ON OR BEFORE 9/15/99: \$500 IF DISADVANTAGED, MINIMUM AMOUNT DUE TO REPRISAL: \$750.

09221999

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED

99 OCT 20 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



9/22/99 90013012-5550.00  
DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000057044  
1. Corporation Name  
ALL OUTDOOR PORTABLE TOILETS, INC.

Principal Place of Business Mailing Address  
636 S.W. 85TH AVE. 636 S.W. 85TH AVE.  
OKEECHOBEE FL 34974 OKEECHOBEE FL 34974

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified  
06/25/1998  
4. FEI Number  
05-0861473 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 owes the current year intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
CASSELS, DEAN  
636 S.W. 85TH AVE.  
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1608, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASSELS, DEAN	
STREET ADDRESS	636 S.W. 85TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CASSELS, RUSSELL	
STREET ADDRESS	636 S.W. 85TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CASSELS, DONNA	
STREET ADDRESS	636 S.W. 85TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 as of the date 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.

SIGNATURE *Donna Casseles* 9/1/99 941-763-7616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)