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

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine Harris ANNUAL REPORT 00 FEB -3 PM 2:54 Secretary of State DIVISION OF CORPORATIONS 1999 SECRETARY OF STATE TALLAMASSEE, FLORIDA DOCUMENT # P98000096110 DARSAW SEPTIC TANK SERVICE INC. Principal Place of Business Mailing Address HEINSTATEMENT 314 NW 5TH AVE 314 NW 5TH AVE **DELRAY BEACH FL 33444** DELRAY BEACH FL 33444 3. Date Incorporated or Qualifed 11/16/1998 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes the current year Intangible E-1No ☐ Yes 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JONES, CURTIS Street Address (P.O. Box Number is Not Acceptable) 510 SW 15TH AVE **DELRAY BEACH FL 33444** 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE 500003129 Jones 1.2 NAME NAME -02/09/00--01077--002 510 S.W. ISTA AUK 1.3 STREET ADDRESS STREET ADDRESS \*\*\*\*350.00 \*\*\*\*350.00 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4 1 TITI F TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIF ☐ DELETÉ Change Addition 5 1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME

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 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 chapged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIF

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP