FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:43

DOCUMENT # S04733 (9)

1. Corporation Name
A & A SANITATION, INC.

Principal Place of Business
5720 LAND O'LAKES BLVD
LAND O'LAKES FL 34639
US

Mailing Address
P O BOX 1707
LUTZ FL ~~33549-0707~~ 33549-1707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/08/1990
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 1707
Suite, Apt. #, etc.
27
City & State
28 LUTZ, FL.
Zip 29 33549-1707 Country 30 USA

4. FEI Number: 59-3028995 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DRAUGHON, PHILIP M. JR.
~~1108 LAKE CHARLES CIR~~
~~LUTZ FL 33549~~

10. Name and Address of New Registered Agent

81 Name: DRAUGHON, PHILIP M., JR.
82 Street Address (P.O. Box Number is Not Acceptable): 606 WARREN ROAD
83
84 City: LUTZ FL 85 Zip Code: 33549

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 _____ DATE
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	D	1.1 TITLE	D+ PRES. + TREAS.	☒ Change ☐ Addition
NAME	DRAUGHON, PHILIP M.,JR.	1.2 NAME	DRAUGHON, PHILIP M., JR.	
STREET ADDRESS	1108 LAKE CHARLES CIR.	1.3 STREET ADDRESS	606 WARREN ROAD	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE	D	2.1 TITLE	D+ V-PRES & SEC.	☒ Change ☐ Addition
NAME	DRAUGHON, ROBERTA D.	2.2 NAME	DRAUGHON, ROBERTA D.	
STREET ADDRESS	1108 LAKE CHARLES CIRCLE	2.3 STREET ADDRESS	606 WARREN ROAD	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Philip M Draughon Jr 3/14/95 813-996-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PHILIP M. DRAUGHON, JR.

0441107 FP