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

APPROVED AND FILED
95 MAY -1 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S45865** **(0)**

1. Corporate Name
JAY FINANCIAL, INC.

Principal Place of Business	Mailing Address
208 COMPETITION DR KISSIMMEE FL 34743	208 COMPETITION DR KISSIMMEE FL 34743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/16/1991	04/28/1994

4. FEI Number: 59-3060505 — 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JAITLY, DEWAN C
208 COMPETITION DR.
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent N/A

81 Name: N/A
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 607.1508, 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 ____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	JAITLY, DEWAN C
STREET ADDRESS	208 COMPETITION DR
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D
NAME	JAITLY, MAMTA
STREET ADDRESS	208 COMPETITION DR
CITY-ST-ZIP	KISSIMMEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition for each block: 1-6 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) — blank

14. I 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)(k), 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: Dewan C. Jaitly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEWAN C. JAITLY

4.28.95
Date

(407) 931-1000
Daytime Phone #
(407) 348-8510

0376483 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S46650** **(5)**

1. Corporation Name

ANCHOR SEPTIC SYSTEMS, INC.

Principal Place of Business	Mailing Address
7160 A1A SO ST. AUGUSTINE FL 32086 US	7160 A1A SO ST. AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: **04/18/1991**

3a. Date of Last Report: **07/15/1994**

4. FEI Number: **59-3112600** ☐ 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 *No. MS*

9. Name and Address of Current Registered Agent

SUTTLE, ROBERT L.
7160 A1A S
ST AUGUSTINE FL 32086

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 607.1508, 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 ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	SUTTLE, ROBERT L.	1 NAME	
STREET ADDRESS	7160 A1A S	1 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	1 CITY-ST-ZIP	
TITLE	VP	2 TITLE	☐ Change ☐ Addition
NAME	SUTTLE, MILDRED M.	2 NAME	
STREET ADDRESS	7160 A1A SO	2 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTINE FL	2 CITY-ST-ZIP	
TITLE	S	3 TITLE	☐ Change ☐ Addition
NAME	SUTTLE, MILDRED M.	3 NAME	
STREET ADDRESS	7160 A1A SO	3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3 CITY-ST-ZIP	
TITLE	T	4 TITLE	☐ Change ☐ Addition
NAME	SUTTLE, ROBERT L.	4 NAME	
STREET ADDRESS	7160 A1A SO	4 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: *Mildred M Suttle* *4/25/95* *904/471.5860*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILDRED M. SUTTLE

0008861 CP