
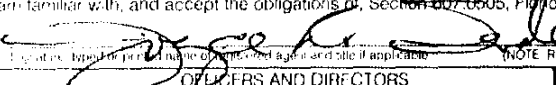
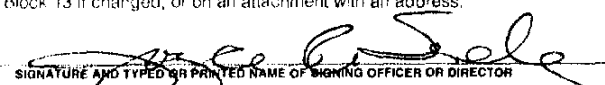


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 158786 1. Corporation Name MID FLORIDA SEPTIC SERVICE, INC.			
Principal Place of Business 1030 SHADICK DRIVE ORANGE CITY, FL		Mailing Address 1030 SHADICK DRIVE ORANGE CITY, FL 32763	
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	
Country 29		Country 30	
9. Name and Address of Current Registered Agent RAXXXTXHWNEN 218XWXXHWRXXAVENNE DEENRXXRXXRXX2222 CARL E. SANDE P.O. BOX 740969 ORANGE CITY, FL 32774		10. Name and Address of New Registered Agent 81 Name JOYCE R. SANDE 82 Street Address (P.O. Box Number is Not Acceptable) 1030 SHADICK DRIVE 83 84 City ORANGE CITY FL 85 Zip Code 32763	
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: 5599			
12. OFFICERS AND DIRECTORS TITLE PRESIDENT/SEC./DIR. <input checked="" type="checkbox"/> DELETE NAME SANDE, CARL STREET ADDRESS 1030 SHADICK DRIVE CITY-ST-ZIP ORANGE CITY, FL TITLE DIRECTOR/V.P. <input checked="" type="checkbox"/> DELETE NAME SANDE, CARL STREET ADDRESS 1030 SHADICK DRIVE CITY-ST-ZIP ORANGE CITY, FL TITLE TREASURER <input checked="" type="checkbox"/> DELETE NAME SANDE, CARL STREET ADDRESS 1030 SHADICK DRIVE CITY-ST-ZIP ORANGE CITY, FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 11 TITLE PRESIDENT/SEC./DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME SANDE, JOYCE R. 13 STREET ADDRESS 1030 SHADICK DRIVE 14 CITY-ST-ZIP ORANGE CITY, FL 21 TITLE DIRECTOR/V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME SANDE, JOYCE R. 23 STREET ADDRESS 1030 SHADICK DRIVE 24 CITY-ST-ZIP ORANGE CITY, FL 31 TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME SANDE, JOYCE R. 33 STREET ADDRESS 1030 SHADICK DRIVE 34 CITY-ST-ZIP ORANGE CITY, FL 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
14. I do 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 changed, or on an attachment with an address. SIGNATURE:  04/23/97 (904) 775-8670 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOYCE R. SANDE, PRESIDENT			

CR2E034 (9/96)