

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V58786** (7)
1. Corporation Name
MID FLORIDA SEPTIC SERVICE, INC.



Principal Place of Business 1030 SHADICK DRIVE ORANGE CITY FL 32763	Mailing Address 1030 SHADICK DRIVE ORANGE CITY FL 32763
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1992	
21		26		4. FEI Number 59-3137884	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent SANDE, JOYCE R 1030 SHADICK DRIVE ORANGE CITY FL 32763				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	PRES. IDIA.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDE, JOYCE R			1.2 NAME	SANDE, JOYCE R.		
STREET ADDRESS	1030 SHADICK DR.			1.3 STREET ADDRESS	1030 SHADICK DRIVE		
CITY-ST-ZIP	ORANGE CITY FL			1.4 CITY-ST-ZIP	ORANGE CITY, FL 32763	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDE, JOYCE R			2.2 NAME			
STREET ADDRESS	1030 SHADICK DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDE, JOYCE R			3.2 NAME			
STREET ADDRESS	1030 SHADICK DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	CATHERINE A. CINEA		
STREET ADDRESS				4.3 STREET ADDRESS	1030 SHADICK DRIVE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	ORANGE CITY, FL 32763	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: _____ (904) 775-8170

CR2E034 (10/97)