

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 18 PM 5:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **570663** (5)

1. Corporation Name  
**BILLINGS PUMPING AND SEPTIC TANK SERVICE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**58 ASTER STREET  
CLEARWATER FL 34630**      **58 ASTER STREET  
CLEARWATER FL 34630**

3. Date Incorporated or Canceled      3a. Date of Last Report  
**04/28/1978**      **03/07/1994**

2. Principal Place of Business      2a. Mailing Address  
**21 203 West Canal Dr**      **26 203 West Canal Dr.**

4. FEI Number      Applied For  
**59-1822221**       Not Applicable

Suite, Apt #, etc.      Suite, Apt #, etc.  
**22**      **27**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

City & State      City & State  
**23 Palm Harbor, Fl.**      **28 Palm Harbor, Fl.**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

Zip      Country      Zip      Country  
**24 34684**      **25 Pinellas**      **29 34684**      **30 Pinellas**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**FROHLICH, RONALD E.  
58 ASTER STREET  
CLEARWATER FL 34630**

10. Name and Address of Now 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 \_\_\_\_\_  
(Signature required for principal place of registered agent and 189.032, Florida Statutes)      (Signature required for registered agent signature required when re-designating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>FROHLICH, RONALD E.</b>
STREET ADDRESS	<b>58 ASTER STREET CLEARWATER FL</b>
CITY, ST, ZIP	
TITLE	<b>STD</b>
NAME	<b>FROHLICH, PHYLLIS A.</b>
STREET ADDRESS	<b>58 ASTER STREET CLEARWATER FL</b>
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	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Scott Frohlich</b>
33 STREET ADDRESS	<b>203 West Canal Dr.</b>
34 CITY, ST, ZIP	<b>Palm Harbor, Fl. 34684</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Ronald E. Frohlich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ronald E. Frohlich**

4/13/95

813 461-5322