

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 570663 (5)

1. Corporation Name

BILLINGS PUMPING AND SEPTIC TANK SERVICE, INC.



Principal Place of Business

Mailing Address

203 WEST CANAL DR
PALM HARBOR FL 34684
US

203 WEST CANAL DR.
PALM HARBOR FL 34684
US

2. Principal Place of Business

2a. Mailing Address

21 same as above

26 same as above

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/28/1978

3a. Date of Last Report

04/18/1995

4. FEI Number

59-1822221

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

FROHLICH, RONALD E.
58 ASTER STREET
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name

Scott E. Frohlich

82 Street Address (P.O. Box Number is Not Acceptable)

203 West Canal Drive

83

84

Palm Harbor, FL. 34684 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 607.055, Florida Statutes.

SIGNATURE

Scott Frohlich

January 18, 1996

Signature of the principal place of business and the filing agent

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FROHLICH, RONALD E.	
STREET ADDRESS	58 ASTER STREET	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FROHLICH, PHYLLIS A.	
STREET ADDRESS	58 ASTER STREET	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FROHLICH, SCOTT	
STREET ADDRESS	203 WEST CANAL DRIVE	
CITY-STATE-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scott E. Frohlich	
1.3 STREET ADDRESS	203 West Canal Drive	
1.4 CITY-STATE-ZIP	Palm Harbor, FL. 34684	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ronald E. Frohlich	
2.3 STREET ADDRESS	58 Aster Street	
2.4 CITY-STATE-ZIP	Clearwater, FL.	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Karen L. Frohlich	
3.3 STREET ADDRESS	203 West Canal Drive	
3.4 CITY-STATE-ZIP	Palm Harbor, FL. 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(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: *Karen L. Frohlich* Karen L. Frohlich 1/18/96 813/934-6810

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (12/95)