

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:49

DOCUMENT # **G60156** (8)

1. Corporation Name
A - ABLE SEPTIC - SEWER, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2190 N. CREDE AVENUE CRYSTAL RIVER FL 34428 US	2190 N. CREDE AVENUE CRYSTAL RIVER FL 34428 US

3. Date Incorporated or Qualified 09/19/1983	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number 59-2326040	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

BUCKINGHAM, SUZY
2190 N. CREDE AVE
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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	DP
NAME	BUCKINGHAM, HAROLD JR
STREET ADDRESS	410 N ROCKCRUSHER RD
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	ST
NAME	BUCKINGHAM, SUZY
STREET ADDRESS	410 N ROCKCRUSHER RD
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	AS
NAME	SEFFERN, TRACY
STREET ADDRESS	1604 S MERLE
CITY - ST - ZIP	HOMOSASSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Buckingham, Harold Jr.	
1.3 STREET ADDRESS	5580 Yearling Drive	
1.4 CITY - ST - ZIP	Beverly Hills, FL 34465	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Buckingham, Suzy	
2.3 STREET ADDRESS	5580 Yearling Drive	
2.4 CITY - ST - ZIP	Beverly Hills, FL 34465	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	"Same"	
3.3 STREET ADDRESS	AS last year	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(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: Harold Buckingham Pres. 1/31/95 904795-1554