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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G60156

(8)

A-ABLE SEPTIC-SEWER SERVICE, INC.

FILED
Jan 14 1997 8:00am
Secretary of State



Francipal Place of Business		Mating Adoress			\			
2190 N. CREDE AVENUE CRYSTAL RIVER FL 34428			2190 N. CREDE AVENUE CRYSTAL RIVER FL 34428-5812					
US		US						
					3, Date Incorporated or Qualified 09/19/1983	3a, Date of L 05/01/19	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a, Mailing Address			4, FEI Number		Applied For	
21		26	7/70.2.500		59-2326040		Not Applicabl	
Suite, Apt	#, etc	Suite Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required	
City & State	0	City & State		*****	6. Election Campaign Financing		.00 May Be	
23		28			Trust Fund Contribution		ided to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for	***************************************		
24	25	29	30] Yes ☐ No		
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	gistered Agent		
BUC	KINGHAM, HAROLD		8	11 Name				
	O N. CREDE AVE		ļ.,	2 Street Add	iress (P.O. Box Number is Not Accepta	bla)		
	STAL RIVER FL 34428		"	Street Add	iress (P.O. 60x Number is Not Accepta	DIE)		
			8	э			***	
			\\\\\	4 City		11	Zip Code	
			8	4 City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508, Florida St	atutes, the abo	ve-named cor	poration submits this statement for the	ourpose of chang	ging its registered	
office or r	egistered agent, or both, in the State	e of Florida. Such change w	as authorized	by the corpora	poration submits this statement for the tilon's board of directors. I hereby acce	pt the appointme	nt as registered	
	in am ar with, and accept the con-	garons or, acciron our codo	, monua statut	.00				
SIGNATURE.	Signature, type disciprinied harne of registine dia-	jem and other applicable	(NOTE Registered A	Agent signature requ	area when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12	
TITLE	PD	DELETE	111110			☐ Ch	ange 🔲 Additio	
NAME	Buckingham, Harold		1.2 NAM	E				
STREET ADDRESS	5580 YEARLING DRIVE		13 STRE	ET ADDRESS				
CITY-ST-ZIP	Beverly Hills Fl		14 001	-ST-ZIP				
TITLE	AS	DELETE	21 TITLI	[T		Cr	ange 🔲 Additio	
NAME	SEFFERN, TRACY		2 2 NAM	tE.				
STREET ADDRESS	1604 S MERLE		2.3 STR6	ET ADDRESS	•			
CITY-ST-ZIP	HOMOSASSA FL		2. 4 CITY	r-ST-ZIP				
TITLE		DELETE	3.1 TITLI			☐ CF	ange Additio	
NAME			3.2 NAM	E				
STREET ADDRESS			3 3 STRE	ET AODRESS				
CHTY-ST-ZIP			4	7-\$1-ZIP				
TITLE	l	DELETE	4,1 1l7L			☐ Cr	ange Additio	
NAME			4, 2 NAM	i				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			1	-ST-ZIP				
TITLE		DELETE	5 1 TITL		77777	Cr	ange Additio	
NAME			5.2 NAM					
STREET ADDRESS	li .			EFT ADDRESS				
CITY - S1 - ZIP TITLE		DELETE	61 TITU	- \$1 - ZIP		☐ CF	ange Additio	
		ביין מנונוני	4			L. C	iongo [] noonjit	
NAME			62 NAV					
STREET ADDRESS				EET ADDRESS				
CITY - S1 - ZIP			6.4 City	- ST - ZIP				

14. Too 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)

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICERCETOR

Dare

aytime Phone #