

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 725982 (3)
PORT CANAVERAL-BREVARD COUNTY SOLIDWAGE CLEANUP

Principal Place of Business

9020 POMPANO ST
CAPE CANAVERAL FL 32920

Mailing Address

P. O. BOX 25
CAPE CANAVERAL FL 32920
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1973

3a. Date of Last Report

08/11/1994

4. FEI Number

23-7183178

Applied For

Not Applicable

2. Principal Place of Business

21 Suite Apt # etc

22 City & State

23

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199 (3)(2),
Florida Statutes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMON, JERRY M.
200 GEORGE KING BLVD.
CAPE CANAVERAL FL 32920

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 of person for whom this corporation is registered agent and then it is required)

(Signature of person for whom this corporation is registered agent and then it is required)

5-9-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TD

SIMON, J.M.

200 GEORGE KING BLVD
PT CANAVERAL, FL 00000

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DC

PIERCE, ROBERT

605 TOWNSEND RD.
COCOA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V

BENNETT, B.

6000 N. HWY U.S. 1
COCOA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SD

BROWNING, LINDA W.

P. O. BOX 3193 N/A
ORLANDO FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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)(a), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jerry M. Simon

JERRY M. SIMON

5-9-95

407-784-2714

(Signature and Typed or Printed Name of Signing Officer or Director)

Date

Telephone Number