

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F45378 (9)

1. Corporation Name

ORANGE WASTE, RECYCLING & MATERIALS, INC.

Principal Place of Business

PO BOX 568245
ORLANDO FL 32856-5245
US

Mailing Address

PO BOX 568245
ORLANDO FL 32856-5245
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/21/1981

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21

2a. Mailing Address

28

4. FEI Number

59-2232704

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAMELA N. SHAW
675 W MICHIGAN ST
ORLANDO FL 32808**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST**
NAME **SHAW, PAMELA N.**
STREET ADDRESS **2901 S OSCEOLA ST**
CITY - ST - ZIP **ORLANDO FL**

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

Change Addition

TITLE **VD**
NAME **HOOVER, DOUGLAS P.**
STREET ADDRESS **1885 WIND WILLOW RD.**
CITY - ST - ZIP **ORLANDO FL**

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

Change Addition

**1140 Mayfield
Winter Park, FL 32789**

TITLE **PD**
NAME **BURDEN, RANDY O.**
STREET ADDRESS **1811 S SUMMERLIN AVE.**
CITY - ST - ZIP **ORLANDO FL**

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

Change Addition

TITLE **V**
NAME **BURDEN, HENRY O.**
STREET ADDRESS **4226 BENEDICTINE CIR**
CITY - ST - ZIP **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)(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:

Pamela N. Shaw Sec. Treas 4-27-95 (407)426-8252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.

Pamela N. Shaw