

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northcott  
Secretary of State  
100 SOUTH GULF STREAM BLVD.

APPROVED  
6/5

DOCUMENT # **G57992** (1)

5/1/95 11:30 AM

**SOUTHLAND WASTE SYSTEMS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O KENT, RIDGE & CRAWFORD  
225 WATER ST. STE 900  
JACKSONVILLE FL 32205  
US**

Mailing Address: **C/O KENT, RIDGE & CRAWFORD  
225 WATER ST. STE 900  
JACKSONVILLE FL 32202  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21	26	09/01/1983	05/01/1994
22. State- Apt. # - Zip	27. State- Apt. # - Zip	4. FEI Number	Applied For
22	27	59-2316528	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<input type="checkbox"/>			
8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>RIDGE, GEORGE E 225 WATER ST. STE. 900 JACKSONVILLE FL 32202</b>	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip, Code

11. Pursuant to the provisions of Sections 609.01 and 609.02, 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 a registered agent under Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CRAWFORD, FELIX A 3841 FEATHER OAKS DR. E. JACKSONVILLE, FL 00000	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST MCCRIMON, MARY C 1849 OCEAN GROVE DR. ATLANTIC BCH. FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V HARRISON, ALAN B. 2859 SCOTT MILL ESTATES JACKSONVILLE FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V DRAKE, BARBARA 1014 S. EDGEWOOD AVE. JACKSONVILLE FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	

Arnold, James H.  
5084 USCO Rd.  
Jacksonville, FL 32257

14. I do hereby certify that the information supplied with this report was voluntarily furnished and is not required by the exemption stated in Section 199.037(1)(b), Florida Statutes. I further certify that the information included in this annual report is an appropriate and true report of the corporation 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 recipient of trustee powers to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Mary C McClunion* Mary C McClunion 5/1/95 904 384-2560