

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

**FILED**

**Mar 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # G57992 (1)**

1. Corporation Name  
**SOUTHLAND WASTE SYSTEMS, INC.**



Principal Place of Business: **450 E. LAS OLAS BLVD. SUITE 1200 FT. LAUDERDALE FL 33301 US**

Mailing Address: **450 E. LAS OLAS BLVD. SUITE 1200 FT. LAUDERDALE FL 33301 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/01/1983**

2. Principal Place of Business

21 **110 S.E. 6th Street**

22 **20th Floor**

23 **Ft. Lauderdale, FL**

24 **33301** 25 **US**

2a. Mailing Address

26 **110 S.E. 6th Street**

27 **20th Floor**

28 **Ft. Lauderdale, FL**

29 **33301** 30 **US**

4. FEI Number **59-2316528**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>VD</b>                                | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HUDSON, HARRIS W</b>                  | 1.2 NAME  |  |
| STREET ADDRESS             | <b>450 E. LAS OLAS BLVD., SUITE 1200</b> | 1.3 STREET ADDRESS                                    | <b>110 S.E. 6th Street, 20th Floor</b>                                       |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL</b>                | 1.4 CITY-ST-ZIP                                       | <b>Ft. Lauderdale, FL 33301</b>  |
| TITLE                      | <b>V</b>                                 | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>GUERIN, ROBERT</b>                    | 2.2 NAME  | <b>Kilburn, Dan</b>  |
| STREET ADDRESS             | <b>450 E. LAS OLAS BLVD., SUITE 1200</b> | 2.3 STREET ADDRESS                                    | <b>110 S.E. 6th Street, 20th Floor</b>                                       |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL</b>                | 2.4 CITY-ST-ZIP                                       | <b>Ft. Lauderdale, FL 33301</b>  |
| TITLE                      | <b>AST</b>                               | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>PEDDY, COURTLAND</b>                  | 3.2 NAME  | <b>Sills, Howard</b>   |
| STREET ADDRESS             | <b>450 E. LAS OLAS BLVD., SUITE 1200</b> | 3.3 STREET ADDRESS                                    | <b>110 S.E. 6th Street, 20th Floor</b>                                       |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL</b>                | 3.4 CITY-ST-ZIP                                       | <b>Ft. Lauderdale, FL 33301</b>  |
| TITLE                      | <b>P</b>                                 | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CRAWFORD, FELIX A</b>                 | 4.2 NAME  |  |
| STREET ADDRESS             | <b>218 MORGAN AVENUE</b>                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL 32254</b>             | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VS</b>                                | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>HANDLEY, RICHARD L</b>                | 5.2 NAME  | <b>Cole, James O.</b>  |
| STREET ADDRESS             | <b>450 E. LAS OLAS BLVD., SUITE 1200</b> | 5.3 STREET ADDRESS                                    | <b>110 S.E. 6th Street, 20th Floor</b>                                       |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL</b>                | 5.4 CITY-ST-ZIP                                       | <b>Ft. Lauderdale, FL 33301</b>  |
| TITLE                      | <b>AS</b>                                | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>TRIMMER, TERI</b>                     | 6.2 NAME  | <b>Barakay, David A.</b>   |
| STREET ADDRESS             | <b>450 E. LAS OLAS BLVD., SUITE 1200</b> | 6.3 STREET ADDRESS                                    | <b>110 S.E. 6th Street, 20th Floor</b>                                       |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL</b>                | 6.4 CITY-ST-ZIP                                       | <b>Ft. Lauderdale, FL 33301</b>  |

14. I 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: \_\_\_\_\_ James O. Cole 311 1st St Jacksonville FL 32201

CFR2034 (10/97)