

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

1-2

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000035228 (2)**

1. Corporation Name

**GULF COAST WASTE SERVICE, INC.**



Principal Place of Business

**200 E LAS OLAS BLVD.  
SUITE 1420  
FT. LAUDERDALE FL 33301**

Mailing Address

**200 E LAS OLAS BLVD.  
SUITE 1420  
FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified

**05/04/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R  
2601 S BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name

**C T CORPORATION SYSTEM**

82 Street Address (P.O. Box is not acceptable)

**1200 S. PINE ISLAND ROAD**

83

**PLANTATION, FLORIDA 33324**

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.

**PETER F. SOUZA  
ASSISTANT SECRETARY**

**4/29/96**

SIGNATURE

Signature typed on previous page of registered agent and director page 24. (NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDSON, HARRIS W</b>	
STREET ADDRESS	<b>200 E LAS OLAS BLVD, SUITE 1420</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

*see attached*

**500001859425  
-06/12/96--01032--010  
\*\*\*200.00**

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 amendment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Peter Wright*

**4/26/96**

**984-6276000**

CR2E034 (12/95)

P95000095228

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Gulf Coast Waste Service, Inc.

<u>OFFICE</u>	<u>NAME</u>
Director .....	Harris W. Hudson
President .....	Harris W. Hudson
Vice Presidents .....	Peter Wright
	KJ Loveland
	Richard L. Handley
	Donald E. Koogler
	Dan Kilburn
Secretary .....	Richard L. Handley
Assistant Secretaries .....	Thomas A. Clements
	Courtland Peddy
	Kimberly Riehn
Treasurer .....	Courtland Peddy
Assistant Treasurers .....	Michael Carpenter
	Howard Sills
	Kimberly Riehn

Mailing Address for all officers and director: 200 East Las Olas Blvd., Ste. 1400  
Fort Lauderdale, Florida 33301