

**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 # P95000035228 (2)**  
1. Corporation Name  
**GULF COAST WASTE SERVICE, INC.**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 05/04/1995

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: 65-0577644

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

6. Election Campaign Financing:  \$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 SYSTEM, 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	DP HUDSON, HARRIS W	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	450 E LAS OLAS BLVD., SUITE 1200	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	V WRIGHT, PETER	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 E LAS OLAS BLVD. STE 1420	2.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	V LOVELAND, KJ	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 E LAS OLAS BLVD. STE 1420	3.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33301	3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	VS HANDLEY, RICHARD L.	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	450 E LAS OLAS BLVD., SUITE 1200	4.2 NAME	vs Cole, James O.
STREET ADDRESS	FT LAUDERDALE FL	4.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	T PEDDY, COURTLAND	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	450 E LAS OLAS BLVD., SUITE 1200	5.2 NAME	Hyle, Kathleen
STREET ADDRESS	FT LAUDERDALE FL	5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: \_\_\_\_\_

CF2E034 (10/97)