

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90159 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000070285

1. Corporation Name SUPERIOR WASTE SERVICES OF FLORIDA, INC.

Principal Place of Business 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324
Mailing Address 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/06/1998
4. FEI Number 65-0858287
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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21, 22, 23, 24
2a. Mailing Address 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS
1.1 TITLE President & Director
1.2 NAME G.W. "Bill" Dietrich
1.3 STREET ADDRESS 125 South 84th Street, Suite 200
1.4 CITY-ST-ZIP Milwaukee, WI 53214
2.1 TITLE Vice President
2.2 NAME James M. Dancy, Jr.
2.3 STREET ADDRESS 125 South 84th Street, Suite 200
2.4 CITY-ST-ZIP Milwaukee, WI 53214
3.1 TITLE Secretary
3.2 NAME Scott S. Cramer
3.3 STREET ADDRESS 125 South 84th Street, Suite 200
3.4 CITY-ST-ZIP Milwaukee, WI 53214
4.1 TITLE Treasurer & Director
4.2 NAME George K. Farr
4.3 STREET ADDRESS 125 South 84th Street, Suite 200
4.4 CITY-ST-ZIP Milwaukee, WI 53214
5.1 TITLE Assistant Secretary
5.2 NAME Karen K. Duke
5.3 STREET ADDRESS 125 South 84th Street, Suite 200
5.4 CITY-ST-ZIP Milwaukee, WI 53214
6.1 TITLE Assistant Secretary
6.2 NAME Peter J. Ruud
6.3 STREET ADDRESS 125 South 84th Street, Suite 200
6.4 CITY-ST-ZIP Milwaukee, WI 53214

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

414-479-7800

Daytime Phone #

CR2E034 (1/198)