

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

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Linda B. Murrain  
Secretary of State  
2001 GUY W. SMITH BLDG.

1995 5-11-95 B-6702-C

DOCUMENT # **S94555** (7)

1. Corporation Name:  
**NORTHWEST FLORIDA SANITATION, INC.**

Principal Place of Business: **321 CRESTVIEW AVE. NICEVILLE FL 32578 US**  
Mailing Address: **P. O. BOX 876 NICEVILLE FL 32588 US**

APPROVED  
AND  
FILED

MAY 11 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/15/1991</b>	3a. Date of Last Report <b>04/25/1994</b>
4. FEI Number <b>59-3095888</b>	Approved For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for offenses under 5-119(1)(a) Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Type of Business <b>21</b>	2a. Mailing Address <b>26</b>
State App # of <b>22</b>	State App # of <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Country <b>24</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>STANLEY, LARRY D. 321 N. CRESTVIEW AVENUE NICEVILLE FL 32578</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State	<b>FL</b>
				85. Zip Code	

11. Prepared in the presence of Secretary of State and two (2) other 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 Chapter 12, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12	
TYPE	NAME AND ADDRESS	TYPE	NAME AND ADDRESS
PD	STANLEY, LARRY D. 321 N. CRESTVIEW AVENUE NICEVILLE FL	[ ] Change [ ] Addition	
V	GODWIN, LUTHER J 321 N. CRESTVIEW AVE. NICEVILLE FL	[ ] Change [ ] Addition	
S	JONES, KAREN G. 316 SPRINGWOOD CIR. CRESTVIEW FL	[ ] Change [ ] Addition	
T	STANLEY, MATTHEW D. 600 BAY DR. NICEVILLE FL	[ ] Change [ ] Addition	
		[ ] Change [ ] Addition	
		[ ] Change [ ] Addition	
		[ ] Change [ ] Addition	
		[ ] Change [ ] Addition	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and is true and correct, and that the corporation stated in Section 119(1)(a) Florida Statutes. I further certify that the information and address has been reported on supplemental annual report as true and correct 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 12, Florida Statutes, and that my name appears in Block 1 or Block 2 of this report as required by Section 12, Florida Statutes.

SIGNATURE: *Larry D. Stanley*  
NATURAL AND LEGAL PERSON: NAME OF INDIVIDUAL OFFICER OR DIRECTOR  
**LARRY D. STANLEY**

5/6/95 (904) 678-7684