

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

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S94555 (7)**  
 1. Corporation Name  
**NORTHWEST FLORIDA SANITATION, INC.**



Principal Place of Business 200 E LAS OLAS BLVD. STE. 1400 450 E LAS OLAS BLVD. STE 1200 FORT LAUDERDALE FL 33301 US	Mailing Address 200 E LAS OLAS BLVD. STE. 1400 450 E LAS OLAS BLVD. STE 1200 FORT LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 110 S.E. 6th Street	26 110 S.E. 6th Street	11/15/1991	59-3095888	Not Applicable
22 20th Floor	27 20th Floor	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Fort Lauderdale, FL	28 Fort Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 33301 25 US	29 33301 30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUDSON, HARRIS W	1.2 NAME	
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, PETER	2.2 NAME	
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L	3.2 NAME	Cole, James O.
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENTS, THOMAS A	4.2 NAME	Barclay, David A.
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	4.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDDY, COURTLAND	5.2 NAME	Hyle, Kathleen
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, MICHAEL	6.2 NAME	Sills, Howard
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301

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 3/11/98 994-769-7721

CR2E034 (10/97)