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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 279946 (8)

1. Corporation Name
WASTE MANAGEMENT INC. OF FLORIDA

Principal Place of Business Mailing Address

**ATTN: BARBARA L. BIER
3003 BUTTERFIELD RD.
OAK BROOK IL 60521
US**

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3003 BUTTERFIELD RD.
OAK BROOK IL 60521
US**

DO NOT WRITE IN THIS SPACE.

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**

3. Date Incorporated or Qualified 3a. Date of Last Report

03/30/1964 **04/29/1994**

4. FEI Number Applied For

59-1094518 Applied For
 Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 **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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|-----------------|----------------------|---------------------|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'CONNOR, JAMES E | 1.2 NAME | |
| STREET ADDRESS | 3003 BUTTERFIELD RD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | OAK BROOK IL | 1.4 CITY - ST - ZIP | |
| TITLE | VPD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERGUSON, STEVEN D | 2.2 NAME | |
| STREET ADDRESS | 3003 BUTTERFIELD RD. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | OAK BROOK IL | 2.4 CITY - ST - ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAY, JOHN J III | 3.2 NAME | |
| STREET ADDRESS | 3003 BUTTERFIELD RD. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | OAK BROOK IL | 3.4 CITY - ST - ZIP | |
| TITLE | Y | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERGUSON, STEVEN D | 4.2 NAME | |
| STREET ADDRESS | 3003 BUTTERFIELD RD. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | OAK BROOK IL | 4.4 CITY - ST - ZIP | |
| TITLE | AS | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBARA L. BIER | 5.2 NAME | |
| STREET ADDRESS | 3003 BUTTERFIELD RD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | OAK BROOK IL 60521 | 5.4 CITY - ST - ZIP | |
| TITLE | | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 attachment with an address.

SIGNATURE: Barbara L. Bier 708/572-8841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Area Phone #)

Barbara L. Bier, Assistant Secretary