

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 541509 (6)

1. Corporation Name

SURE SANITATION SERVICE, INC.



Principal Place of Business

Mailing Address

P. O. BOX 4095  
WINTER PARK FL 32793

P. O. BOX 4095  
WINTER PARK FL 32793

3. Date Incorporated or Qualified 07/20/1977  
3a. Date of Last Report 02/17/1995

2. Principal Place of Business  
21 18242 11th Ave  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

4. FEI Number 59-1749897  
Applied For  
Not Applicable

22 City & State  
23 Orlando FL

27 City & State  
28

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 32833 25 USA  
29

30

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

MCFADDEN, SHAWN  
1110 SUPERIOR CT  
WINTER SPRINGS FL 32708

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]* V.P. / G.M. 1/24/96  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
NAME RAPONI, DEMENICO  
STREET ADDRESS 24-26 MARLEY COURT  
CITY-ST-ZIP ORLANDO FL  
1.2 TITLE V  
NAME MCFADDEN, SHAWN  
STREET ADDRESS 24-26 MARLEY COURT  
CITY-ST-ZIP ORLANDO FL  
1.3 TITLE V  
NAME PIETRANTONIO, MICHAEL  
STREET ADDRESS % 24 - 26 MARLEY CT.  
CITY-ST-ZIP ORLANDO FL  
1.4 TITLE T  
NAME PIETRANTONIO, ANNA  
STREET ADDRESS % 24 - 26 MARLEY CT.  
CITY-ST-ZIP ORLANDO FL  
1.5 TITLE S  
NAME MCFADDEN, ORNELLA  
STREET ADDRESS % 24 - 26 MARLEY CT.  
CITY-ST-ZIP ORLANDO FL  
1.6 TITLE V  
NAME RAPONI, MARIA  
STREET ADDRESS 24-26 MARLEY CT.  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2.2 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2.3 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2.4 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2.5 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2.6 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2.7 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2.8 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2.9 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2.10 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900001744809  
--03/15/96--01068--003  
\*\*\*200.00

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 119.07(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: *[Signature]* V.P. 1/24/96 (407) 366-5204  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)