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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 541509

(6)

1. Corporation Name

SURE SANITATION SERVICE, INC.

Principal Place of Business

18242 11TH AVE
ORLANDO FL 32833

Mailing Address

P.O. BOX 4005
WINTER PARK FL 32789-4005

P.O. Box 780609
Orlando FL 32818-0609

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 250 STATE ROAD 13
23 ORLANDO FL
24 Zip 32833 Country USA

2a. Mailing Address

26 P.O. Box 180609
27 ORLANDO FL
28 City & State
29 Zip 32818 Country USA

3. Date Incorporated or Qualified

07/20/1977

3a. Date of Last Report

03/15/1996

4. FEI Number

59-1749897

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

MCFADDEN, SHAWN
1110 SUPERIOR CT
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	RAPONI, DEMENICO	
STREET ADDRESS	24-26 MARLEY COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	DELETE
NAME	MCFADDEN, SHAWN	
STREET ADDRESS	24-26 MARLEY COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	DELETE
NAME	PIETRANTONIO, MICHAEL	
STREET ADDRESS	24 - 26 MARLEY CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	DELETE
NAME	PIETRANTONIO, ANNA	
STREET ADDRESS	24 - 26 MARLEY CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	DELETE
NAME	MCFADDEN, ORNELLA	
STREET ADDRESS	24 - 26 MARLEY CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	DELETE
NAME	RAPONI, MARIA	
STREET ADDRESS	24-26 MARLEY CT.	
CITY-ST-ZIP	ORLANDO FL	

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 do 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:

Ornella MCFADDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 (101) 366-5204

Date Daytime Phone

CR2E034 (9/96)