


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000094168**  
 1. Entity Name  
**REPUBLIC SERVICES AVIATION, INC.**



Principal Place of Business      Mailing Address  
**110 S.E. 6TH ST., 28TH FLOOR**      **110 S.E. 6TH ST., 28TH FLOOR**  
**FT. LAUDERDALE, FL 33301**      **FT. LAUDERDALE, FL 33301**

**DO NOT WRITE IN THIS SPACE**



01152004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0959331**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION, FL 33324**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OCONNOR, JAMES E
STREET ADDRESS	1105 SE 6TH ST 28TH FLOOR
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	VS
NAME	BARCLAY, DAVID A
STREET ADDRESS	110 SE 6TH ST. 28TH FL
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	T
NAME	LANG, EDWARD A III
STREET ADDRESS	110 SE 6TH ST. 28TH FL
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/09/04-80027-009 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **David A. Barclay, V.P./Sect.**    1/16/04    954-769-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #