## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035228

Entity Name: GULFCOAST WASTE SERVICE, INC.

#### **Current Principal Place of Business:**

18500 NORTH ALLIED WAY PHOENIX, AZ 85054

### **Current Mailing Address:**

18500 NORTH ALLIED WAY PHOENIX, AZ 85054 US

## FEI Number: 65-0577644

### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	PRESIDENT / DIRECTOR	Title	VP
Name	CLATT, MARK R.	Name	BALES, BRIAN A.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title	VP / ASSISTANT SECRETARY	Title	VP / DIRECTOR
Name	BENTER, TIM M.	Name	DELGHIACCIO, BRIAN M.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title Name	VP / ASSISTANT SECRETARY EGGLESTON, W. T. JR.	Title Name	VP OLSON, JAMES H.
Title	18500 NORTH ALLIED WAY PHOENIX AZ 85054 VP / ASSISTANT SECRETARY RISSMAN MICHAEL P	Address City-State-Zip: Title Name	18500 NORTH ALLIED WAY PHOENIX AZ 85054 VP / ASSISTANT SECRETARY SWEET, ANDREW J.
City-State-Zip: Title Name	PHOENIX AZ 85054 VP / ASSISTANT SECRETARY RISSMAN, MICHAEL P.	City-State-Zip: Title	PHOENIX AZ 85054 VP / ASSISTANT SECRETARY
City-State-Zip:	PHOENIX AZ 85054 VP / ASSISTANT SECRETARY	City-State-Zip: Title Name	PHOENIX AZ 85054 VP / ASSISTANT SECRETARY SWEET, ANDREW J. 18500 NORTH ALLIED WAY

## Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: EILEEN B. SCHULER

SECRETARY

04/12/2016

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 12, 2016 Secretary of State CC8869114402

Date

## **Officer/Director Detail Continued :**

Title	VP, TAX	Title	SECRETARY
Name	FOCAZIO, LAWRENCE	Name	SCHULER, EILEEN B.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title	TREASURER	Title	DIRECTOR
Title Name	TREASURER LACY, MARSHA A.	Title Name	DIRECTOR GOEBEL, BRIAN A.
Name	LACY, MARSHA A.	Name	GOEBEL, BRIAN A.