

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 # 282147 (8)

1. Corporation Name

GULF DISPOSAL, INC.



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

3. Date Incorporated or Qualified
06/08/1964

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
59-1052055

Applied For
Not Applicable

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

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

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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

(Signature, typed or printed name of registered agent and trust if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME OCONNOR, JAMES E.
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL 60521

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME STEVEN D. FERGUSON
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL 60521

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME JOHN J. RAY III
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL 60521

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME STEVEN D. FERGUSON
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL 60521

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME BARBARA L. BIER
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL 60521

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001774098
-04/09/96--01092--037
***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: *Barbara L. Bier* Barbara L. Bier, Assistant Secretary 4/2/96 (708) 572-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #
SC- 51-9-96

CR2E034 (12/95)