

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4: 27

DOCUMENT # **319953** (6)

1. Corporation Name
ENGLEWOOD DISPOSAL COMPANY, INC.

Principal Place of Business Mailing Address
5221 STATE RD 776 **5221 STATE RD 776**
VENICE FL 34293 **VENICE FL 34293**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/17/1967	3a. Date of Last Report 01/27/1994
4. FEI Number 59-1174250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
BARTON, STEPHEN T.
904 WABASH RD
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable) (NOTE: Registered Agent signatures required when terminating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	STEWART, CHARLES E
STREET ADDRESS	3238 MEADOW RUN DRIVE
CITY-ST-ZIP	VENICE FL
TITLE	PD
NAME	BARTON, STEPHEN T
STREET ADDRESS	904 WABASH RD
CITY-ST-ZIP	VENICE FL
TITLE	VSD
NAME	MOORMAN, THEODORE L
STREET ADDRESS	7318 WINCHESTER BLVD.
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	VD
NAME	DAVIS, JACK
STREET ADDRESS	775 S BRINK AVE
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	MOORMAN, ANDREA B.
STREET ADDRESS	5221 SR 776
CITY-ST-ZIP	VENICE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Retired as Vice President</i>
4.3 STREET ADDRESS	<i>Still on Board of Directors</i>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Theodore L Moorman* Theodore L. Moorman 1/18/95 (813) 793-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR