

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PH 3:31

DOCUMENT # 323131

(3)

1. Corporation Name

NATIONAL SOLID WASTE INSTITUTE, INC.

Principal Place of Business

Mailing Address

10820 N 56TH ST
PO BOX 16171
TAMPA FL 33617

10820 N 56TH ST
PO BOX 16171
TAMPA FL 33617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1967

3a. Date of Last Report

04/28/1994

4. FEI Number

59-1196821

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. 120.032, Florida Statutes

☐ Yes ☐ 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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EICHHOLZ, GERHARD C
10415 N. 46TH ST.
TAMPA FL 33617

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 (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME DENNARD, ROBERT
STREET ADDRESS 1545 OAK LANE
CITY - ST - ZIP CLEARWATER, FL 00000

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP Clearwater, FL 33516

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME D
23 STREET ADDRESS Elbare, Kathleen M
24 CITY - ST - ZIP 1804 E. 115th Ave.
Tampa, FL 33612

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE D
NAME EICHHOLZ, GERHARD C
STREET ADDRESS 10415 N. 46TH ST.
CITY - ST - ZIP TAMPA FL 33617

41 TITLE ☒ Change ☐ Addition
42 NAME V - S
43 STREET ADDRESS Eichholz, Gerhard C
44 CITY - ST - ZIP 10415 N. 46th St
Tampa, FL 33617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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, the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or again attached with an address.

SIGNATURE:

Gerhard C. Eichholz 4-8-95 (813) 980-2177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number