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• PROFIT
• CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 323131 (3)

1. Corporation Name

NATIONAL SOLID WASTE INSTITUTE, INC.



Principal Place of Business

10928 N 56TH ST
PO BOX 16171
TAMPA FL 33617

Mailing Address

10928 N 56TH ST
PO BOX 16171
TAMPA FL 33617

2. Principal Place of Business

21 111 E. BULLARD PKWY

2a. Mailing Address

26 111 E. BULLARD PKWY

Suite, Apt. #, etc.

22 204

Suite, Apt. #, etc.

27 204

City & State

23 TEMPLE TERRACE, FL

City & State

28 TEMPLE TERRACE, FL

Zip

24 33617

Country

25 USA

Zip

29 33617

Country

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/15/1967

3a. Date of Last Report

04/13/1995

4. FEI Number

59-1196821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Gerhard C. Eichholz

G.C. EICHHOLZ

4-19-96

Signature of person making change of registered agent, if applicable

Signature of Registered Agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

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

TITLE D ☐ DELETE

NAME ELBARE, KATHLEEN M
STREET ADDRESS 1804 E. 115TH AVE.
CITY-ST-ZIP TAMPA, FL 00000

TITLE VS ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition

1.2 NAME DENNARD, ROBERT
1.3 STREET ADDRESS 1545 OAK LANE
1.4 CITY-ST-ZIP CLEARWATER, FL 33516

2.1 TITLE PRESIDENT ☒ Change ☐ Addition

2.2 NAME ELBARE, KATHLEEN M
2.3 STREET ADDRESS 1084 E. 115TH AVE
2.4 CITY-ST-ZIP TAMPA, FL 33612

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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:

Gerhard C. Eichholz

G.C. EICHHOLZ

4-19-96

Date

Day/Time Phone #

(813) 985-3208

CR2E034 (12/95)