FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:03

DOCUMENT # 362439 (2)

1. Corporation Name
SOUTH LAKE REFUSE SERVICE INC

Principal Place of Business	Mailing Address
109 SAMPEY ROAD P.O. BOX 248 GROVERLAND FL 34736	109 SAMPEY ROAD P.O. BOX 248 GROVERLAND FL 34736

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/10/1970
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1290454 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

MCGUIRE, GEORGE P
14716 GREEN VALLEY BLVD.
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 12528 LAKE SHORE DRIVE
83
84 City: CLERMONT FL 85 Zip Code: 34711

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: George P. McGuire, President — 2/07/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, GEORGE P.	1.2 NAME	
STREET ADDRESS	1216 S MAIN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, LOIS M.	2.2 NAME	
STREET ADDRESS	1216 S MAIN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, WAYNE	3.2 NAME	
STREET ADDRESS	950 MONTROSE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	HART, E B JR.	4.2 NAME	
STREET ADDRESS	1190 CHESTNUT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	LOWE, GREGORY L.	5.2 NAME	
STREET ADDRESS	212 BEACH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: — 2-7-95 — Vice Pres. Corp.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Capacity/Title
GEORGE P. McGUIRE — President

0402051 FP