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 # **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

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

3. Date Incorporated or Qualified: **04/10/1970**
3a. Date of Last Report: **02/14/1995**
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

9. Name and Address of Current Registered Agent

MCGUIRE, GEORGE P
12528 LAKE SHORE DRIVE
CLERMONT FL 34711

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 _____ NAME (Type or Print) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, GEORGE P.		12 NAME	
STREET ADDRESS	1216 S MAIN AVE		13 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL		14 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, LOIS M.		22 NAME	
STREET ADDRESS	1216 S MAIN AVE		23 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL		24 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, WAYNE		32 NAME	
STREET ADDRESS	950 MONTROSE STREET		33 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HART, E B JR.		42 NAME	
STREET ADDRESS	1190 CHESTNUT ST.		43 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		44 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	LOWE, GREGORY L.		52 NAME	
STREET ADDRESS	212 BEACH STREET		53 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			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 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 added by an amendment with an address.

SIGNATURE: George B. McGuire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/96
Date

352-429-2009
Daytime Phone #

CR2E034 (12/95)