

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **362439**

1. Corporation Name

SOUTH LAKE REFUSE SERVICE INC

Principal Place of Business

**109 SAMPEY ROAD
P.O. BOX 248
GROVERLAND FL 34736**

Mailing Address

**109 SAMPEY ROAD
P.O. BOX 248
GROVERLAND FL 34736**

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90009 015 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1970

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

WAYNE P. MCGUIRE

82 Street Address (P.O. Box Number is Not Acceptable)

950 W. Montrose Street

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MCGUIRE, GEORGE P.**
STREET ADDRESS **1216 S MAIN AVE**
CITY-ST-ZIP **GROVELAND FL**

TITLE **TD** ☒ DELETE
NAME **MCGUIRE, LOIS M.**
STREET ADDRESS **1216 S MAIN AVE**
CITY-ST-ZIP **GROVELAND FL**

TITLE **VD** ☒ DELETE
NAME **MCGUIRE, WAYNE**
STREET ADDRESS **950 MONTROSE STREET**
CITY-ST-ZIP **CLERMONT FL**

TITLE **S** ☒ DELETE
NAME **HART, E B JR.**
STREET ADDRESS **1190 CHESTNUT ST.**
CITY-ST-ZIP **CLERMONT FL**

TITLE **VD** ☒ DELETE
NAME **LOWE, GREGORY L.**
STREET ADDRESS **212 BEACH STREET**
CITY-ST-ZIP **GROVELAND FL**

TITLE ☐ DELETE
NAME **James Dancy**
STREET ADDRESS **1000 1st St**
CITY-ST-ZIP **CLERMONT FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition
1.2 NAME **DANCY, JAMES**
1.3 STREET ADDRESS **1605 Main St., Suite 904**
1.4 CITY-ST-ZIP **Sarasota, FL 34236**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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:

James Dancy

08/06/99

941-953-9111

CR2E034 (5/99)