

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

**95 APR 11 PM 2:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 381584 (2)**  
1. Corporation Name  
**FLORIDA REFUSE SERVICES, INC.**

Principal Place of Business      Mailing Address  
**3340 HWY 92 E  
LAKELAND FL 33801  
US**                                      **200 E LAS OLAS BLVD.  
SUITE 1420  
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/04/1971**                                      **03/30/1994**

4. FEI Number      Applied For  
**59-1350120**                                       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**

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUDSON, HARRIS W.  
200 E. LAS OLAS BLVD., SUITE 1420  
FT. LAUDERDALE FL 33301**

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      **DPS**  
NAME      **HUDSON, HARRIS W**  
STREET ADDRESS      **3340 HWY 92 EAST**  
CITY - ST - ZIP      **LAKELAND FL**

1. 1. TITLE       Change       Addition  
1. 2. NAME  
1. 3. STREET ADDRESS  
1. 4. CITY - ST - ZIP

TITLE      **VP**  
NAME      **KILBURN, H. DAN**  
STREET ADDRESS      **3340 HWY 92 EAST**  
CITY - ST - ZIP      **LAKELAND FL**

2. 1. TITLE       Change       Addition  
2. 2. NAME  
2. 3. STREET ADDRESS  
2. 4. CITY - ST - ZIP

TITLE      **TAS**  
NAME      **WRIGHT, PETER**  
STREET ADDRESS      **3340 HIGHWAY 92 EAST**  
CITY - ST - ZIP      **LAKELAND FL**

3. 1. TITLE       Change       Addition  
3. 2. NAME  
3. 3. STREET ADDRESS  
3. 4. CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4. 1. TITLE       Change       Addition  
4. 2. NAME  
4. 3. STREET ADDRESS  
4. 4. CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5. 1. TITLE       Change       Addition  
5. 2. NAME  
5. 3. STREET ADDRESS  
5. 4. CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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 or the registrar or trustee or authorized 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harris W. Hudson 4-5-95**

Date      Date (to Page 2)

305-761-8333