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FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



Principal Place of Business

3340 HWY 92 E
LAKELAND FL 33301
US

Mailing Address

450 E LAS OLAS BLVD
SUITE 1200
FORT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1971

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 110 S.E. 6th Street

27 Suite, Apt. #, etc.
20th Floor

28 City & State
Fort Lauderdale, FL

29 Zip Country
33301 US

4. FEI Number

59-1350120

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
FT. LAUDERDALE FL 33324

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

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 DP
NAME HUDSON, HARRIS W
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP FT LAUDERDALE FL

TITLE V
NAME KILBURN, DAN
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP FT LAUDERDALE FL

TITLE V
NAME WRIGHT, PETER
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP LAKELAND FL

TITLE VS
NAME HANDLEY, RICHARD L.
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME VS
4.3 STREET ADDRESS Cole, James O.
4.4 CITY-ST-ZIP 110 S.E. 6th Street, 20th Floor
Fort Lauderdale, FL 33301

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME AS
5.3 STREET ADDRESS Barclay, David A.
5.4 CITY-ST-ZIP 110 S.E. 6th Street, 20th Floor
Fort Lauderdale, FL 33301

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME T
6.3 STREET ADDRESS Hyle, Kathleen
6.4 CITY-ST-ZIP 110 S.E. 6th Street, 20th Floor
Fort Lauderdale, FL 33301

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 O Cole 3/16/98 954-769-7221

CR2E034 (10/97)