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FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 440990

(0)

1. Corporation Name

EAST BAY SANITATION SERVICE, INC.

Principal Place of Business

5006 U.S. HWY 41 SO
TAMPA FL 33619
US

Mailing Address

~~200 E LAS OLAS BLVD~~
~~SUITE 1400~~
FORT LAUDERDALE FL 33301-2246



3. Date Incorporated or Qualified

11/29/1973

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 450 E. Las Olas Blvd.

27 Suite, Apt. #, etc.

27 Ste. 1200

28 City & State

28 Ft. Lauderdale, FL

29 Zip

33301

30 Country

USA

4. FEI Number

59-1498255

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION 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	<input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W.	
STREET ADDRESS	200 E LAS OLAS BLVD, STE 1400	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WRIGHT, PETER	
STREET ADDRESS	200 E LAS OLAS BLVD, STE 1400	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD L	
STREET ADDRESS	200 E LAS OLAS BLVD, STE 1400	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Handley

Date

Daytime Phone #

954-713-5600
2/14/97

CR2E034 (9/96)