

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 483272

(1)

1. Corporation Name

TOMOKA REFUSE, INC.

Principal Place of Business

ATTN: BARBARA L. BIER
3003 BUTTERFIELD RD
OAK BROOK IL 60521
US

Mailing Address

ATTN: BARBARA L. BIER
3003 BUTTERFIELD RD.
OAK BROOK IL 60521
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/22/1975

3a. Date of Last Report

04/27/1994

4. FEI Number

59-1621096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	O'CONNOR, JAMES E
STREET ADDRESS	3003 BUTTERFIELD RD.
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	VPD
NAME	FERGUSON, STEPHEN D
STREET ADDRESS	3003 BUTTERFIELD RD.
CITY - ST - ZIP	OAK BROOK IL
TITLE	SD
NAME	RAY, III, JOHN J
STREET ADDRESS	3003 BUTTERFIELD RD.
CITY - ST - ZIP	OAK BROOK IL
TITLE	T
NAME	FERGUSON, STEPHEN D.
STREET ADDRESS	3003 BUTTERFIELD RD.
CITY - ST - ZIP	OAK BROOK IL
TITLE	AS
NAME	BIER, BARBARA L
STREET ADDRESS	3003 BUTTERFIELD RD.
CITY - ST - ZIP	OAK BROOK IL
TITLE	B
NAME	CURRAN, GERALD B
STREET ADDRESS	3003 BUTTERFIELD RD.
CITY - ST - ZIP	OAK BROOK IL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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 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:

Barbara L. Bier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara L. Bier, Assistant Secretary

708/572-8841

Date

Day/Year/Phone #