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FILED
May 02 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 # 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 60521-1107
US

2. Principal Place of Business

21 3003 Butterfield Road
Suite, Apt. #, etc.

22 City & State

23 Oak Brook, IL

24 Zip 60521

25 Country DuPage

2a. Mailing Address

26 3003 Butterfield Road
Suite, Apt. #, etc.

27 City & State

28 Oak Brook, IL

29 Zip 60521

30 Country DuPage

3. Date Incorporated or Qualified

08/22/1975

3a. Date of Last Report

04/09/1996

4. FEI Number

59-1621096

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME O'CONNOR, JAMES E
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP FT LAUDERDALE FL
☐ DELETE

TITLE VPD
NAME FERGUSON, STEPHEN D
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL
☐ DELETE

TITLE AS
NAME BIER, BARBARA L
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL
☒ DELETE

TITLE T
NAME FERGUSON, STEPHEN D.
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

31 TITLE Assistant Secretary
32 NAME Jeffrey C. Everett
33 STREET ADDRESS 3003 Butterfield Road
34 CITY-ST-ZIP Oak Brook, IL 60521
☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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, trustee or person 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

Jeffrey C. Everett

1-16-97

CR2E034 (9/96)