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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -2 PM 2:48

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 497063 (8)

1. Corporation Name  
DISPOSALL, INC. OF ORLANDO

Principal Place of Business  
3445 OVERLAND RD. APOPKA, FL 32703  
PO BOX 607905  
ORLANDO FL 32860

Mailing Address  
3445 OVERLAND RD. APOPKA, FL 32703  
PO BOX 607905  
ORLANDO FL 32860

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

3. Date Incorporated or Qualified  
02/20/1976

3a. Date of Last Report  
07/05/1994

4. FEI Number  
59-1646437

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  
CALABRESE, EUGENE  
3970 IRMA SHORES DR.  
ORLANDO FL 32817

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CALABRESE, EUGENE   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3970 IRMA SHORES DR | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | ORLANDO FL          | 1.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                     | 2.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                     | 3.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                     | 4.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                     | 5.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                     | 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: Eugene Calabrese, Pres. 1/25/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR