

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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 # 530061 (1)

1. Corporation Name

SOUTHLAND WASTE SYSTEMS OF JAX, INC.



Principal Place of Business

Mailing Address

ATTN: TERI TRIMMER  
450 E LAS OLAS BLVD. STE 1200  
FORT LAUDERDALE FL 33301  
US

ATTN: TERI TRIMMER  
450 E LAS OLAS BLVD. STE 1200  
FORT LAUDERDALE FL 33301  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 110 S.E. 6th Street	26 110 S.E. 6th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 20th Floor	27 20th Floor
City & State	City & State
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
Zip	Zip
24 33301	29 33301
Country	Country
25 US	30 US

3. Date Incorporated or Qualified

03/22/1977

4. FEI Number

59-1734728

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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	VD	<input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W	
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CRAWFORD, FELIX A	
STREET ADDRESS	218 MORGAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TUENGE, FRANK	
STREET ADDRESS	218 MORGAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD L	
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	QUERIN, ROBERT	
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PEDDY, COURTLAND	
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	
CITY-ST-ZIP	FORT LAUDERDALE FL	

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	110 S.E. 6th Street, 20th Floor
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VS
4.3 STREET ADDRESS	Cole, James O.
4.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor Ft. Lauderdale, FL 33301
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Y
5.3 STREET ADDRESS	Kilburn, Dan
5.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor Ft. Lauderdale, FL 33301
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	Harrison, Alan B.
6.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor Ft. 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 313-888-7108

CR2E034 (10/97)