

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **629332**  
 1. Corporation Name  
*M+O Sanitation, Inc*

Principal Place of Business Mailing Address  
*6319 Hwy 22-E 6319 Hwy 22-E*  
*Panama City, Fl. 32404 Panama City, Fl. 32404*

3. Date Incorporated or Qualified *7/11/1979* 3a. Date of Last Report *3/26/95*  
 4. FEI Number *59-1955344* 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

2. Principal Place of Business 2a. Mailing Address  
 21. *251 N. Star Ave* 26. *251 N. Star Ave*  
 Suite, Apt. #, etc Suite, Apt. #, etc  
 22. *Panama City, Fl. 32404* 27. *Panama City*  
 City & State City & State  
 23. *Florida* 28. *Florida*  
 Zip Country Zip Country  
 24. *32404* 25. Country 29. *32404* 30. Country

9. Name and Address of Current Registered Agent  
*Osborne, Waverly*  
*3995 Delosa Ave*  
*Panama City, Fl. 32404*

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City FL B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  DELETE  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 NAME *Waverly Osborne*  
 STREET ADDRESS *3995 Delosa Ave*  
 CITY-ST-ZIP *Panama City, Fl. 32404*  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 NAME *Alma Osborne*  
 STREET ADDRESS *3995 Delosa Ave*  
 CITY-ST-ZIP *Panama City, Fl. 32404*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  
 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP  
 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP  
 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP  
 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP  
 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP  
 61 TITLE 62 NAME 63 STREET ADDRESS 64 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alma Osborne* 7/28/96 904-763-3065  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized #

CR2E034 (3/96)