

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PM 2:14

DOCUMENT # 646976 (1)

1. Corporation Name

ALL SERVICE REFUSE COMPANY, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**825 N. W. 31ST AVE.
FT LAUDERDALE FL 33311
US**

Mailing Address

**200 E. LAS OLAS BLVD
SUITE 1420
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **11/07/1979** 3a. Date of Last Report **03/30/1994**

2. Principal Place of Business

21 **21**

2a. Mailing Address

26 **26**

4. FEI Number

59-1956352

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **22**

Suite, Apt. #, etc.

27 **27**

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

23 **23**

City & State

28 **28**

6. Election Campaign Financing
Trust Fund Contribution

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

Zip

24 **24**

Country

25 **25**

Zip

29 **29**

Country

30 **30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUDSON, HARRIS W.
200 E. LAS OLAS BLVD.
SUITE 1420
FT LAUDERDALE FL 33301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	HUDSON, HARRIS W.
STREET ADDRESS	200 E LAS OLAS BLVD 1420
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	ST
NAME	WRIGHT, PETER W.
STREET ADDRESS	200 E LAS OLAS BLVD 1420
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	V
NAME	FEELEY, JAMES JR.
STREET ADDRESS	825 NW 31 STREET
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	V
NAME	CARTER, HAROLD B.
STREET ADDRESS	825 NW 31 STREET
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am not, or on a separate attachment with an address.

SIGNATURE: **Harris W. Hudson**

4-5-95 305-761-8333