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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 # 669140 (6)  
1. Corporation Name  
WASTE MANAGEMENT OF CENTRAL FLORIDA, INC.



Principal Place of Business  
ATTN: BARBARA L. BIER  
8003 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 05/01/1980  
3a. Date of Last Report 04/09/1996

4. FEI Number 59-1991460  
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 OAK BROOK IL 60521 ☐ DELETE

TITLE VPD  
NAME STEVEN D. FERGUSON  
STREET ADDRESS 3003 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK IL 60521 ☐ DELETE

TITLE AS  
NAME BIER, BARBARA L  
STREET ADDRESS 3003 BUTTERFIELD RD.  
CITY-ST-ZIP OAK BROOK IL 60521 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

1.1 TITLE Director ☐ Change ☐ Addition  
1.2 NAME John Van Gessel  
1.3 STREET ADDRESS 3003 Butterfield Road  
1.4 CITY-ST-ZIP Oak Brook, IL 60521

2.1 TITLE Assistant Secretary ☐ Change ☐ Addition  
2.2 NAME Jeffrey C. Everett  
2.3 STREET ADDRESS 3003 Butterfield Road  
2.4 CITY-ST-ZIP Oak Brook, IL 60521

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: X

Jeffrey C. Everett

1-17-97

CR2E034 (9/96)