

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 676896 (4)

1. Corporation Name

COUNTY SANITATION, INC.

Principal Place of Business

15858 SOUTHWEST 4TH AVENUE
DELRAY BEACH FL 33444-2271

Mailing Address

757 N. ELDRIDGE
TAX DEPT
HOUSTON TX 77079
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/22/1980

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2053830

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CLARK, NEIL H. J	
STREET ADDRESS	8807 ROBERTS DR.	
CITY - ST - ZIP	ATLANTA GA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	ANDERSON, THOMAS L.	
STREET ADDRESS	8807 ROBERTS DR.	
CITY - ST - ZIP	ATLANTA GA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	FRIEDLANDER, SCOTT	
STREET ADDRESS	8807 ROBERTS DR.	
CITY - ST - ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STONE, WALTER W. J	
STREET ADDRESS	757 N. ELDRIDGE	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	BURGER, GERALD K.	
STREET ADDRESS	757 N. ELDRIDGE	
CITY - ST - ZIP	HOUSTON TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCHULELR, EILEEN B.	
STREET ADDRESS	757 N. ELDRIDGE	
CITY - ST - ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Olson, William H.
4.3 STREET ADDRESS	757 N. Eldridge
4.4 CITY - ST - ZIP	Houston, TX 77079
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	

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***200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William H. Olson/Vice President 713 870 8100

CR2E034 (12/95)