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

₽ROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 841512 1. Corporation Name

WARREN BROTHERS HAULING, INC.

				_ 102,87,000,812,700,000,000,000				
Principal Place of Business Mailing Address								
900 ASHWOOD PKWY STE 700 ATLANTA GA 30338-4780	p.o. box 14000 ste 700 lexington ky 40512	STE 700		DO NOT WRITE IN THIS SPACE				
US	US			3. Date incorporated or Qualifed 09/27/1978				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For		
21	26			61-0948167	[Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		·	5. Certifcate of Status Desired	-	75 Additional ee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees		
Zip Country 24 25	Zip Cc 29 30	untry		This corporation owes the current year I Personal Property Tax.	ntangible			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
C T CORPORATION SYSTE	EM .	81	Name					
660 EAST JEFFERSON STREET		82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301		83						
		84	City	F	L 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: Re	gistered Agent signature req	uired when reinstating)	ATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	ROBERTSON, STEPHEN B.		1.2 NAME				
STREET ADDRESS	900 ASHWOOD PKWY, STE 700		1.3 STREET ADDRESS				
CITY-ST-ZIP	atlanta ga		1.4 CITY-\$T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	•	Change	☐ Addition	
NAME	DENISON, DAN L.		2.2 NAME				
STREET ADDRESS	900 ASHWOOD PKWY, STE 700		2.3 STREET ADDRESS	•		1	
CITY-ST-ZIP	ATLANTA GA		2. 4 CITY-ST-ZIP				
TITLE	STD	☐ DELETE	3.1 TITLE		Change	☐ Addition	
NAME	WEBB, E. WILLARD		3.2 NAME	*		Ĭ	
STREET ADDRESS	900 ASHWOOD PKWY, STE 700		3.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA		3.4. CITY-ST-ZIP				
TITLE	VP	DELETE	4.1 TITLE		Change	☐ Addition	
NAME	LANE, CARL R		4. 2 NAME				
STREET ADDRESS	900 ASHWOOD PKWY, STE 700		4.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		<u></u>		
TITLE	ASAT	DELETE	5.1 TITLE	ASAT	Change	Addition	
NAME	ELLIS, CHARLES D		5.2 NAME	Jones, Richard A.		}	
STREET ADDRESS	3499 DABNEY DRIVE		5.3 STREET ADDRESS	3499 Dabney Drive		}	
CITY-ST-ZIP	LEXINGTON KY		5.4 CITY-ST-ZIP	Lexington KY 40512			
TITLE		☐ DELETE	6.1 TITLE	ASAT	Change	Addition (
NAME			6.2 NAME	Pace, M. Ray			
STREET ADDRESS			6.3 STREET ADDRESS	3499 Dabney Drive			
CITY-ST-ZIP			6.4 CITY+ST-ZIP	Lexington KY 40512			

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 of or an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Jones 2/9/99