

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 # 849358 (7)

1. Corporation Name:

S-W DISPOSAL SYSTEM, INC.



Principal Place of Business

Mailing Address

PO BOX 64
ST CHARLES IL 60174
US

PO BOX 64
ST CHARLES IL 60174
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/08/1981

3a. Date of Last Report

10/02/1995

4. FEI Number

36-3114080

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

CRAWFORD, J STEPHEN
5129 CASTELLO DRIVE
NAPLES FL 33940

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 of the person making the change, or the registered agent, if the registered agent is making the change.

Signature of the Registered Agent, if the Registered Agent is making the change.

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MCARDLE, DAVID A.	
STREET ADDRESS	4051 E MAIN ST	
CITY, ST, ZIP	ST CHARLES IL	
TITLE	AS	☐ DELETE
NAME	CRAWFORD, J. STEPHEN	
STREET ADDRESS	5551 RIDGEWOOD DRIVE	
CITY, ST, ZIP	NAPLES FL	
TITLE	VD	☐ DELETE
NAME	MCARDLE, EDWARD J.	
STREET ADDRESS	5101 CAROLINE	
CITY, ST, ZIP	HOUSTON TX	
TITLE	SD	☐ DELETE
NAME	KELLY, THOMAS J	
STREET ADDRESS	4051 E MAIN ST	
CITY, ST, ZIP	ST CHARLES, IL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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, or on an attachment with an address.

SIGNATURE:

Thomas J. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Thomas J. Kelly)

1-15-96

708-584-6580

Date

Daytime Phone #

CR2E034 (12/95)