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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F26611** **(6)**

1. Corporation Name
SEABOARD WASTE SYSTEMS, INC.

Principal Place of Business	Mailing Address
ATTN: TERI TRIMMER ~~200 E. LAS OLAS BLVD., #1400~~ ~~FORT LAUDERDALE FL 33301~~ ~~US~~	ATTN: TERI TRIMMER ~~200 E. LAS OLAS BLVD., #1400~~ ~~FORT LAUDERDALE FL 33301-2248~~ US

2. Principal Place of Business	2a. Mailing Address
21 450 E. Las Olas Blvd.	26 450 E. Las Olas Blvd.
Suite, Apt. #, etc. 22 Ste. 1200	Suite, Apt. #, etc. 27 Ste. 1200
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip / Country 24 33301 / 25 USA	Zip / Country 29 33301 / 30 USA

3. Date Incorporated or Qualified: 03/17/1981
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2146258 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION 1200 S PINE ISLAND RD 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HUDSON, HARRIS W		1.2 NAME		
STREET ADDRESS	200 E. LAS OLAS BLVD., SUITE 1400		1.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	Ft. Laudardale, FL 33301	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, FELIX		2.2 NAME		
STREET ADDRESS	218 MORGAN AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254		2.4 CITY-ST-ZIP		
TITLE	AST	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	PEDDY, COURTLAND		3.2 NAME		
STREET ADDRESS	200 E. LAS OLAS BLVD., SUITE 1400		3.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HANDLEY, RICHARD L		4.2 NAME		
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE 1400		4.3 STREET ADDRESS	450 E. Las Olas BLvd., Ste. 1200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	GUERIN, ROBERT		5.2 NAME		
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE 1400		5.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, ROBERT		6.2 NAME		
STREET ADDRESS	218 MORGAN AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Richard L Handley FILED Richard L. Handley 2/14/97 954-713-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #