

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F53658**

(3)

1. Corporation Name

HATHAWAY'S LAND FILL, INC.



Principal Place of Business 422 S MAIN ST P O BOX 255 LAKE PLACID FL 33852	Mailing Address 422 S MAIN ST P O BOX 255 LAKE PLACID FL 33852-6302
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2. Principal Place of Business 21 422 S Main St Suite, Apt. #, etc. 22 City & State 23 Zip 24 33852-6302 Country 25		2a. Mailing Address 26 PO Box 255 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33862-0255 Country 30		3. Date Incorporated or Qualified 11/13/1981	3a. Date of Last Report 08/07/1996
				4. FEI Number 59-2136690	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HATHAWAY, RONALD US 27 POB 255 LAKE PLACID FL 33852				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	422 S Main St
				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 fee if applicable (NOTE - Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, RONALD	12 NAME	
STREET ADDRESS	POB 255 US 27 SOUTH	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	14 CITY-ST-ZIP	
TITLE	SO	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, DEBRA	22 NAME	
STREET ADDRESS	POB 255 US 27 SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 _____ **Ronald E. Hathaway III**

CR2E034 (9/96)