

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # F93000000139 (6)

1. Corporation Name

WASTE MANAGEMENT SERVICES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

ATTN: BARBARA L. BIER
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521

ATTN: BARBARA L. BIER
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/07/1993

3a. Date of Last Report

04/20/1995

4. FEI Number

36-3846353

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

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and that applicable

11.0116 Registered Agent signature required when not typed

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME O'CONNOR, JAMES E
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY- ST- ZIP OAK BROOK IL 60521

TITLE VP/D ☐ DELETE
NAME FERGUSON, STEVEN D
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY- ST- ZIP OAK BROOK IL 60521

TITLE S/D ☒ DELETE
NAME RAY, III, JOHN J
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY- ST- ZIP OAK BROOK IL 60521

TITLE T ☐ DELETE
NAME FERGUSON, STEVEN D
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY- ST- ZIP OAK BROOK IL 60521

TITLE A/S ☐ DELETE
NAME BIER, BARBARA L
STREET ADDRESS 3003 BUTTERFIELD ROAD
CITY- ST- ZIP OAK BROOK IL 60521

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

600001773966
-04/09/96--01092--013
***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, or on an attachment with an address.

SIGNATURE

Barbara L. Bier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 708/572-8841
SG 4-9-96

CR2E034 (12/95)