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PROFIT . CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003856 (1)

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FILED

1. Corporation Name GEOWASTE INCORPORATED Principal Place of Business Mailing Address 24 CATHEDRAL PL 24 CATHEDRAL PL				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
24 CATHEDRAL PL. 24 CATHEDRAL PL. SUITE 208 SUITE 208 ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084-442			428				
or hoposing is about				3. Date Incorporated or Qualified	'	ate of Last Report	
				07/22/1994	04/09/1996		
	Place of Business	2a. Mailing Address 100 West Bay	Ctroot	4. FEI Number	- -	Applied For	
	est Bay Street	- 120	Stieer	36-2751684		lot Applicab	
Suite, Apr		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
Suite		Suite 700				Required	
City & Stat		City & State	m1 1	6. Election Campaign Financing		May Be	
	onville, Florida	Zip Jacksonville	, FIOTIGE Country	Trust Fund Contribution		to Fees	
^{2ր} ₃]_32202	L.v.a.a		USA	This corporation has liability for Florida Statutes	Intangible fax under	s. 199.032,	
4 32202	9. Name and Address of Currer		USA	10. Name and Address of New R			
^ T	CORPORATION SYSTEM		81 Name				
	O S. PINE ISLAND RD.						
	NTATION FL 33324		82 Street A	ddress (P.O. Box Number is Not Accepta	ible)		
FUN	INTRITON FE 33324		83				
			84 City	•	FL 85 Zip	Code	
agent is	artia mila with and accept the cong	ations of, Section 607.0505, Flor	ida Statutes.	oration's board of directors. I hereby acce			
SIGNATURE	Signature, typical or printed name of registered ago		Registered Agent signature re		DATE		
SIGNATURE	Signature, typical or printed name of registered ago	unt and the if applicable (NOTE:	ida Statufes, Registered Agent signature re 13, 1.1 TITLE	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	ORS IN 12	
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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 capacity and accurate and that my signature shall have the same legal effect as if made under capacity and that my signature shall have the same legal effect as if made under capacity and that my signature shall have the same legal effect as if made under capacity and that my signature shall have the same legal effect as if made under capacity and that my signature shall have the same legal effect as if made under capacity and that my signature shall have the same legal effect as if made under capacity and shall have the same legal effect as if made

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #