

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000003856 (1)

1. Corporation Name

GEOWASTE INCORPORATED

Principal Place of Business

24 CATHEDRAL PL.
SUITE 208
ST. AUGUSTINE FL 32084

Mailing Address

24 CATHEDRAL PL.
SUITE 208
ST. AUGUSTINE FL 32084-4428

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address
21 100 West Bay Street	26 100 West Bay Street
22 Suite, Apt. #, etc.	27 Suite 700
23 Jacksonville, Florida	28 Jacksonville, Florida
24 32202	29 32202
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
07/22/1994	04/09/1996
4. FEI Number	Applied For
36-2751684	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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MACF. BURBOTT, AMY C	
STREET ADDRESS	24 CATHEDRAL PL.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOHN, KEVIN	
STREET ADDRESS	24 CATHEDRAL PL.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TSVP	<input type="checkbox"/> DELETE
NAME	CHASE, RAYMOND F	
STREET ADDRESS	24 CATHEDRAL PL.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRILL, HARVE A	
STREET ADDRESS	24 CATHEDRAL PL.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISEMAN, FREDERICK J	
STREET ADDRESS	24 CATHEDRAL PL.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRESCI, ROBERT J	
STREET ADDRESS	24 CATHEDRAL PL.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BURBOTT, AMY C. MacF.	
1.3 STREET ADDRESS	Suite 700, 100 West Bay Street	
1.4 CITY-ST-ZIP	Jacksonville, Florida 32202	
2.1 TITLE	D VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAGLIA, MICHAEL D.	
2.3 STREET ADDRESS	Suite 700, 100 West Bay Street	
2.4 CITY-ST-ZIP	Jacksonville, Florida 32202	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	Suite 700, 100 West Bay Street	
3.4 CITY-ST-ZIP	Jacksonville, Florida	
4.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	Suite 700, 100 West Bay Street	
4.4 CITY-ST-ZIP	Jacksonville, Florida 32202	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Engle, Steven M.	
5.3 STREET ADDRESS	Suite 700, 100 West Bay Street	
5.4 CITY-ST-ZIP	Jacksonville, Florida 32202	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	Suite 700, 100 West Bay Street	
6.4 CITY-ST-ZIP	Jacksonville, Florida 32202	

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. 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:

Raymond F Chase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND F CHASE

430-97

Date

Daytime Phone #

0016583

CR2E034 (9/96)