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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003856 (1)

GEOWASTE INCORPORATED

Principal Place of Business Mailing Address 100 WEST BAY STREET 100 WEST BAY STREET SUITE 700 JACKSONVILLE FL 32202 SUITE 700 JACKSONVILLE FL 32202

FILED Jun 03 1998 8:00 am Secretary of State



JACKSONVILLE FL 32202			JACKSONVILLE FL 32202					l	DO NOT WRITE IN THIS SPACE					
									 Date Incorp. 07/22/19 		ified			\Box
2. Principal F	Place of Busin	ess	2a,	Mailing Address					4, FEI Number				Applied For	\Box
21			26						36-275	1684			Not Applica	ble
Suite, Apt. #. etc.			27	Suite, Apt. #, etc.					5. Certificate of	f Status Desire	ed 🔲		5 Additional Required	
City & Stat	10		l	City & State					6. Election Can	npaign Financ	ing	\$5.0	0 May Be	
23				28					Trust Fund (Contribution		Adde	d to Fees	
Zip	Country			·			Country		8. This corpora					- }
24		25	29		30	,				perty Tax due		Yes	[_] No	
		and Address of Current	Regist	erea Agent		81	Name		10. Name and A	Address of No	W Hegiste	rea Agent		
C T CORPORATION SYSTEM							Maine						<u> </u>	}
1200 S . Pine Island RD. Plantation FL 33324						82	Street	Address	(P.O. Box Num	ber is Not Acc	eptable)			
, ,	MINION	1 6 00024				83								\dashv
						84	City			· .——		85 Z	p Code	\neg
11. Pursuant	to the provisi	ons of Sections 607.0502	and 60	07 1508, Florida Statut	les, the a	bove	-named	corpora	ation submits this	s statement for	the purpos	se of changing	its register	ed
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 Typen	or provide name of more relied agent	aist Mod	Lapphenhie (NO)	E Registere	ki Age	nt signature	w bariupar a	vlien reinstating)		DA	i E		-
12.		OFFICERS AND	DIREC		13.				ADDITIONS/C	HANGES TO	OFFICERS			
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NAME		MICHAEL D			22 N	AMf.		ļ						}
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NAME	CRESCI	ROBERT J			6.2 N			BARA	ANDIARAN,	WALTER	н.			
STREET ADDRESS		ST BAY STREET, SUITE	700				ADDRESS I							
CITY-ST-ZIP		NVILLE FL 32202				17 Y- \$1	1							
	1	haloreration samplied with	this fil	ling does not qualify fo				ed in Sec	ction 119 07/3)/i) Florida Stati	ites I furthe	er certify that t	he informatio	50

Thereby certify that the information supplied with this little information this annual report or supplied entrained report or true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

and I Chay IP Raymond F