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FILED
May 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F94000004396 (7)**

1. Corporation Name
GEOWASTE OF FL, INC.

2/13

North Florida Sweeping, Inc.

Principal Place of Business	Mailing Address
24 CATHEDRAL PL. SUITE 208 ST AUGUSTINE FL 32084	24 CATHEDRAL PL. SUITE 208 ST AUGUSTINE FL 32084-4428

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

3. Date Incorporated or Qualified: 08/24/1994
3a. Date of Last Report: 04/09/1996

4. FEI Number: 59-3265808 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	XX DELETE	1.1 TITLE	P D	☐ Change XX Addition
NAME	KOHN, KEVIN		1.2 NAME	BURBOTT, AMY C. MacF.	
STREET ADDRESS	24 CATHEDRAL PL SUITE 208		1.3 STREET ADDRESS	Suite 700, 100 West Bay Street	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VP	☐ DELETE	2.1 TITLE	T S VP	XX Change ☐ Addition
NAME	CHASE, RAYMOND		2.2 NAME		
STREET ADDRESS	24 CATHEDRAL PLACE SUITE 208		2.3 STREET ADDRESS	Suite 700, 100 West Bay Street	
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: Raymond F. Chase