

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90205 004 \*\*\*150.00



DOCUMENT # F95000005011

1. Corporation Name

CITY ENVIRONMENTAL SERVICES LANDFILL, INC. OF PA  
NAMA CITY

Principal Place of Business Mailing Address

3910 EAST AVON ROAD  
PANAMA CITY FL 32404  
US  
1001 FANNIN  
#4000  
HOUSTON TX 77002  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

1001 FANNIN  
#4000  
HOUSTON TX 77002  
US

Suite, Apt. #, etc.

City & State

Zip Country

25 26 27 28 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

38-3261426

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes □ No

8. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes □ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip/Code

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, MILLER J JR		1.2 NAME	
STREET ADDRESS	1001 FANNIN, SUITE 4000		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002		1.4 CITY-ST-ZIP	
TITLE	DSV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGALIS, GREGORY T		2.2 NAME	
STREET ADDRESS	1001 FANNIN, SUITE 4000		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002		2.4 CITY-ST-ZIP	
TITLE	CFOV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE FRATES, EARL E		3.2 NAME	
STREET ADDRESS	1001 FANNIN, SUITE 4000		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002		3.4 CITY-ST-ZIP	
TITLE	CAOV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, BRUCE E		4.2 NAME	
STREET ADDRESS	1001 FANNIN, SUITE 4000		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002		4.4 CITY-ST-ZIP	
TITLE	TV	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RONALD H		5.2 NAME	
STREET ADDRESS	1001 FANNIN, SUITE 4000		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002		5.4 CITY-ST-ZIP	
TITLE	SV	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKFIELD, BRYAN J		6.2 NAME	
STREET ADDRESS	1001 FANNIN, SUITE 4000		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002		6.4 CITY-ST-ZIP	

14. I 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 with all other like empowered.

Bryan J. Blankfield

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/1999 713/512-6200

Daytime Phone #

CR2E034 (11/98)