

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005089 (6)

1. Corporation Name

WASTE SERVICES OF AMERICA, INC.



Principal Place of Business

Mailing Address

~~JOHN A. WEBB~~
1557 WINCHESTER AVE. PUTNAM BLDG.
ASHLAND KY 41105-1554

~~JOHN A. WEBB~~
P.O. BOX 1564
ASHLAND KY 41105-1554

3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

2. Principal Place of Business

21 W. TODD SKAGGS

Suite, Apt. #, etc.

22 1500 N. BIG RUN RD.

City & State

23 ASHLAND, KY

Zip

24 41102

Country

25 U.S.A.

2a. Mailing Address

26 W. TODD SKAGGS

Suite, Apt. #, etc.

27 1500 N. BIG RUN RD.

City & State

28 ASHLAND KY

Zip

29 41102

Country

30 USA

4. FEI Number

61-1288489

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME ADINGTON, BRUCE
STREET ADDRESS 528 JASPER LANE
CITY-STATE-ZIP PAINTSVILLE KY 41420

☐ DELETE

TITLE CVST
NAME SKAGGS, TODD
STREET ADDRESS 1101 NORWOOD AVE.
CITY-STATE-ZIP ASHLAND KY 41102

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME ADDINGTON, BRUCE
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME SKAGGS, W TODD
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)