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FILED

May 12 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 # F95000005479 (9)

1. Corporation Name

BROWNING-FERRIS INDUSTRIES OF GEORGIA, INC.

Principal Place of Business

8607 ROBERTS DRIVE, STE 100  
ATLANTA GA 30361

Mailing Address

TAX DEPARTMENT  
757 N. ELDRIDGE  
HOUSTON TX 77078-4435



3. Date Incorporated or Qualified 11/08/1995	3a. Date of Last Report 10/11/1996
4. FEI Number 58-0876905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK JR, NEIL H	1.2 NAME	J. Frederick Snyder
STREET ADDRESS	8607 ROBERTS DRIVE	1.3 STREET ADDRESS	757 N. Eldridge
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	Houston, TX 77079
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE JR, WALTER W	2.2 NAME	William H. Olson
STREET ADDRESS	757 N. ELDRIDGE	2.3 STREET ADDRESS	757 N. Eldridge
CITY - ST - ZIP	HOUSTON TX	2.4 CITY - ST - ZIP	Houston, TX 77079
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDERS JR, WILLIAM R	3.2 NAME	
STREET ADDRESS	757 N. ELDRIDGE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	3.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGER, GERALD K	4.2 NAME	
STREET ADDRESS	757 N. ELDRIDGE	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVER, PERRY M	5.2 NAME	
STREET ADDRESS	757 N. ELDRIDGE	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	5.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNDON, LANGDON M	6.2 NAME	Richard L. Wisniewsky
STREET ADDRESS	8607 ROBERTS DRIVE	6.3 STREET ADDRESS	8607 Roberts Dr.
CITY - ST - ZIP	ATLANTA GA	6.4 CITY - ST - ZIP	Atlanta, GA 30350

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. OLSON

4/22/97

281-870-8100

Date

Daytime Phone #

CR2E034 (9/96)