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

FILED
Aug 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # F97000000803 (3)

1. Corporation Name
GEOWASTE OF FL, INC.

[redacted]

Principal Place of Business	Mailing Address
24 CATHEDRAL PLACE, SUITE 208 ST AUGUSTINE FL 32084	24 CATHEDRAL PLACE, SUITE 208 ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 100 West Bay Street
Suite, Apt. #, etc.
22 Suite 700
City & State
23 Jacksonville, FL
Zip 24 32202 Country 25 USA

2a. Mailing Address
26 100 West Bay Street
Suite, Apt. #, etc.
27 Suite 700
City & State
28 Jacksonville, FL
Zip 29 32202 Country 30 USA

3. Date Incorporated or Qualified
02/13/1997

4. FEI Number
APPLIED FOR 59-3444607 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. **Name and Address of New Registered Agent**
81 Name: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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 Anne Boutilier, Ass't-Secy. 7-17-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MACF. BURBOTT, AMY C	
STREET ADDRESS	24 CATHEDRAL PLACE, SUITE 208	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VT	☐ DELETE
NAME	CHASE, RAYMOND F	
STREET ADDRESS	24 CATHEDRAL PLACE, SUITE 208	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	BURBOTT, AMY C. MACF.	
1.3 STREET ADDRESS	100 W Bay Street, Suite 700	
1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	100 W Bay Street, Suite 700	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

8/12

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***450.00

CR2E034 (10/97)

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.

Raymond F. Chase, VP 5-1-98