

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G18571

(1)

1. Corporation Name

R & R LANDFILL, INC.

Principal Place of Business

**1715 S. DIVISION AVENUE
ORLANDO FL 32805**

Mailing Address

**1715 S. DIVISION AVENUE
ORLANDO FL 32805**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/12/1983

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2249282

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

29. Zip Country

PO BOX 568633

ORLANDO, FL

32856 USA

9. Name and Address of Current Registered Agent

**ROGERS, R.B., JR.
2828 MONTMART DR.
ORLANDO FL 32812**

81. Name

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

83. City

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 of person or persons authorized to register agent and file this statement

Signature of Registered Agent (signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PD
ROGERS, R.B., JR.
2828 MONTMART DR.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VPD
PYLE, ALLEN R.
3491 WHITNER WAY
SANFORD FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**T
PYLE, BETTY M.
3491 WHITNER WAY
SANFORD FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**S
ROGERS, ALLISON S.
2828 MONTMART DRIVE
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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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 110.07(3)(a), 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:

Allison S. Rogers **Allison S. Rogers, S** 4/26/95 (407) 855-6280

SIGNATURE AND TYPED OR PRINTED NAME OF FINANCIAL OFFICER OR DIRECTOR