FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

1-23-96 B CR94

DOCUMENT # G64081 (4)

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

1. Corporation Name
FLORIDA WASTE ENVIRONMENTAL SERVICE, INC.

Principal Place of Business
1201 N 22ND ST
SUITE 101
TAMPA FL 33605
US

Mailing Address
100174 N. DALE MABRY HWY.
SUITE 101
TAMPA FL 33618

2. Principal Place of Business
21 5218 St. Paul St.
22 State, Apt. #, etc.
23 City & State: Tampa FL
24 Zip: 33619 25 Country

2a. Mailing Address
26 5218 St. Paul St.
27 State, Apt. #, etc.
28 City & State: Tampa, FL
29 Zip: 33619 30 Country

3. Date Incorporated or Qualified: 10/07/1983
3a. Date of Last Report: 06/16/1995

4. FEI Number: 59-2333317 ☐ 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

BRAAKSMA, FRANCES L.
10501 LAKE WILLIAMS DR.
ODESSA FL 33556

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 607.1504, 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 DATE

12. OFFICERS AND DIRECTORS

VT
SUMMERS, SHARON
14029 CLUBHOUSE CIR #2905
TAMPA FL
☐ DELETE

PD
BRAAKSMA, FRANCES L.
10501 LAKE WILLIAMS DR.
ODESSA FL
☐ DELETE

S
BRAAKSMA, FRANCES
10501 LAKE WILLIAMS DR
ODESSA FL
☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE: VT
2 NAME: Summers, SHARON
3 STREET ADDRESS: 1901 S. HESPERIDES
4 CITY-ST-ZIP: Tampa Fl 33629
☒ Change ☐ Addition

2 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
☐ Change ☐ Addition

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
☐ Change ☐ Addition

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-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)(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 added on an attachment with an address.

SIGNATURE: Frances L Braaksma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 813-246-4711
Date Daytime Phone #

CR2E034 (12/95)