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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G93773** (1)

1. Corporation Name

WASTE MANAGEMENT OF PINELLAS COUNTY, INC.

Principal Place of Business

C/O WASTE MANAGEMENT, INC
3003 BUTTERFIELD RD
OAK BROOK IL 60521
US

Mailing Address

C/O WASTE MANAGEMENT INC
3003 BUTTERFIELD RD
OAK BROOK IL 60521
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/29/1984

3a. Date of Last Report

04/27/1994

4. FEI Number

36-3289973

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

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

CT CORPORATION SYSTEM
1200 S. 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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VDI

STEVENS, RICHARD G

500 CYPRESS CREEK ROAD

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

RAY, III, JOHN J

500 CYPRESS CREEK ROAD

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

O'CONNOR, JAMES E.

500 CYPRESS CREEK ROAD

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

KRUSE, HOWARD L

3003 BUTTERFIELD RD

OAK BROOK IL

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

V/D/T

Ferguson, Stephen D.

3003 Butterfield Road

Oak Brook, IL 60521

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Change

3003 Butterfield Road

Oak Brook, IL 60521

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change

3003 Butterfield Road

Oak Brook, IL 60521

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change

Bier, Barbara L.

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change

Change

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)(b), 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:

Barbara L. Bier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara L. Bier, Assistant Secretary

708/572-8841