

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 09 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified
03/29/1984

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 or director (Applicable)

(Applicable to Registered Agent who is not a corporation or partnership)

Date

12. OFFICERS AND DIRECTORS

TITLE **VDT** ☐ DELETE
NAME **STEVENS, RICHARD G**
STREET ADDRESS **3003 BUTTERFIELD ROAD**
CITY-ST-ZIP **OAK BROOK IL 60521**

TITLE **SD** ☒ DELETE
NAME **RAY, III, JOHN J**
STREET ADDRESS **3003 BUTTERFIELD ROAD**
CITY-ST-ZIP **OAK BROOK IL 60521**

TITLE **PD** ☐ DELETE
NAME **O'CONNOR, JAMES E.**
STREET ADDRESS **3003 BUTTERFIELD ROAD**
CITY-ST-ZIP **OAK BROOK IL 60521**

TITLE **AS** ☐ DELETE
NAME **BIER, BARBARA L**
STREET ADDRESS **3003 BUTTERFIELD RD**
CITY-ST-ZIP **OAK BROOK IL**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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-04/09/96--01092--006
*****200.00**

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)(k), 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* **Barbara L. Bier, Assistant Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 708/572-884
SG 41-9-96

CR2E034 (12/95)