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

PROFIT CORPORATION ANNUAL REPORT

in:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # G93773

(1)

WASTE MANAGEMENT OF PINELLAS COUNTY, INC.

			=								
Principal Place of Business				Mailing Address							
C/O WASTE MANAGEMENT, INC				C/O WASTE MANAGEMENT INC							
3003 BUTTERFIELD RD				3003 BUTTERFIELD RD					DO NOT WRITE IN I	TUIC COACE	
OAK BROOK IL 60521				OAK BROOK IL 60521 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
00			00						03/29/1984		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	Ap	plied For
21				26					36-3289973		t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 /	
22				27						Fee Re	-
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip Country			28	Zip Country							
Zip	25		29	30			700 may		 This corporation owes or has paid the Personal Property Tax due June 30. 		No I
24	9 Name	and Address of Curre		ered Agent	1301	1			10. Name and Address of New Registe		
CT						81	N	ame			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD											
PLANTATION FL 33324							S	reet Addre	ddress (P.O. Box Number is Not Acceptable)		
I BATTATION TO GOOD!											
							L				
						84	С	ity		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											
SIGNATORE	Signature, type	d or printed name of registered a	gent and title if	appusable (NC)1E: Rogiste	ed Age	ent si	aniuper eruteng		PATE	
12.		OFFICERS AI	ND DIREC		13				ADDITIONS/CHANGES TO OFFICERS		
TITLE	PO O'CONNOR, JAMES E.						1.1 TITLE			☐ Change	Addition
AAAA DI ITTEDEIEI D DOAD				1.2 NAME							
DAY PROOF				· ·			1.3 STREET ADDRESS				
CITY-ST-ZIP	UAR Dr	100K IL 00321		DELETE		CITY-S TITLE	ST - ZI		ADD 4 CM	Change	Addition
TITLE				C) been	1				PDAST ephen D. Fersuson	onango	La Criscilloni
NAME	NAME STREET ADDRESS								003 Butterfield Road,		
									ik Brook, Illinois 605	22	
CITY+\$T-ZIP				DELETE		CITY-S	31-1	AS		Change	Addition
NAME						NAME				_ •	
STREET ADDRESS					- 1	STREET	(Ann		rrie L. Cozzi 003 Butterfield Road,		
CITY-ST-ZIP						CITY-S			k Brook, Illinois 605	22	
TITLE							4.1 TITLE		K Brock, IIIInois OUS	☐ Change	Addition
NAME					4.2	NAME					
STREET ADDRESS					4.3	STREET	COA 1	RESS			
CITY-ST-ZIP					4.4	CITY-S	ST - ZI	Р			
TITLE				DELETE	5.1	TITLE				Change	Addition
NAME					5.2	NAME					
STREET ADDRESS					5.3	STREET	ADD	RESS			
CITY-ST-ZIP					5.4	CITY-S	ST - ZI	Р			
TOTLE				DELETE	6.1	TITLE				☐ Change	☐ Addition
NAME					6.2	NAME		1			
STREET ADDRESS					6.3	STREET	T ADD	ress			
					_			1			

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 arinual 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 charged, or on an attachment with an address.

Carrie I. Cozzt 4/21/98 (630) 572–8800

FILED

Apr 29 1998 8:00am

Secretary of State