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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H18233** **(7)**

1. Corporation Name

COMPACTOR-BALER SERVICE, INC.

Principal Place of Business	Mailing Address
% JAMES ROBERTO 5601 HAINES RD.. NORTH ST. PETERSBURG FL 33714	% JAMES ROBERTO 5601 HAINES RD.. NORTH ST. PETERSBURG FL 33714

2. Principal Place of Business	2a. Mailing Address
21 2506 Mine & Mill Ln.	26 2506 Mine & Mill Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
23 Lakeland, Fl. 33801	28 Lakeland, Fl. 33801
Zip 24 33801 / Country 25 Polk	Zip 29 33801 / Country 30 Polk

3. Date Incorporated or Qualified: 08/27/1984

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2442248 ☐ 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

ROBERTO, JAMES
5601 HAINES ROAD, NORTH
ST. PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name: Gary Rea

82 Street Address (P.O. Box Number is Not Acceptable): 2506 Mine & Mill Lane

83

84 City: Lakeland, Fl. **FL** 85 Zip Code: 33801

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: _____ 2/5/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST FOWLER, DONALD L. SR. 570 SANDY HOOK RD. PALM HARBOR FL	X DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Gary Rea 4412 Orangewood Lakeland, Fl. 33807	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROBERTO, JAMES 4942 POINTE CIRCLE OLDSMAR FL	X DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Maureen Rea 4142 Orangewood Lakeland, Fl. 33807	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: _____ Gary Rea 2/5/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #