FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 4:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # H50153 (6)

1. Corporation Name

D & V CARTING, INC.

Principal Place of Business	Mailing Address
11360 FORTUNE CIR SUITE E-8 WELLINGTON FL 33414	11360 FORTUNE CIR SUITE E-8 WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/02/1985	03/07/1994

4. FEI Number: 59-2540771 — 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	2a. Mailing Address
21 11400 Fortune Cir	26 11400 Fortune Cir
22 Suite, Apt. #, etc.	27
23 Wellington, FL	28 Wellington, FL
24 Zip 33414 / 25 County P Bch Cty	29 33414 / 30 P Bch Cty

9. Name and Address of Current Registered Agent

TAPLIN, NORMAN E
ISLAND NATIONAL BANK BUILDING
180 ROYAL PALM WAY, S204
PALM BCH FL 33480

10. Name and Address of New Registered Agent

81 Name: Norman E. Taplin
82 Street Address (P.O. Box Number is Not Acceptable): Edwards & Angell
83 250 Royal Palm Way - Suite 300
84 City: Palm Beach, FL 85 Zip Code: 33480

11. Pursuant to the provisions of the 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 the position.

SIGNATURE [signature]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	☐ Change ☐ Addition
NAME	CONIGLIONE, VINCENT	
STREET ADDRESS	13692 FOLKSTONE CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	☐ Change ☐ Addition
NAME	LARKIN, DAVID	
STREET ADDRESS	152 LOST BRIDGE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

14. I do 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 report or supplemental 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, with all other like empowered.

SIGNATURE: VINCENT CONIGLIONE [signature] 4/21/95 407-793-3040

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

0281696 CP