FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J30709 (6)

1. Corporate Name
TASTY TRASH, INC.

Principal Place of Business
114 FITZPATRICK ST.
KEY WEST FL 33040

Mailing Address
114 FITZPATRICK ST.
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

4. FEI Number: 65-0028299 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $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 § 199.032, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent
ORLANDO, GABRIEL R.
114 FITZPATRICK ST.
KEY WEST FL 33040

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 607.0501 and 607.1508, Florida Statutes, the above named corporation submits the 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. Hereby, accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

50 [illegible]

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ORLANDO, GABRIEL R.
STREET ADDRESS	114 FITZPATRICK ST
CITY, ST, ZIP	KEY WEST FL
TITLE	SV
NAME	ORLANDO, GABRIEL R.
STREET ADDRESS	114 FITZPATRICK ST
CITY, ST, ZIP	KEY WEST FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1994

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is accurate and that the mailing address of the principal place of business shown above is the same as the principal place of business of the corporation. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signature shown below is the signature of a director, officer or agent of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that the name appears in Block 12 or Block 13 (if changed) is an officer or director with an address.

SIGNATURE: Gabriel R. Orlando
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 305294 8808
Date Phone #

0000011 CP