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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J49247 1. Corporation Name

126TH AVENUE LANDFILL, INC.

Principal Place	e of Business	Mailing Address			1			
5833 126TH AVENUE NORTH CLEARWATER FL 33760		5833 126TH AVENUE NORTH CLEARWATER FL 33760						
					DO NOT	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qua			
					12/03/1986			1
2. Principal P	ace of Business	2a. Mailing Address		<del>-</del>	4. FEI Number		- Ap	plied For
21		26			59-2855777		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	
22		27			5. Certificate of Status Desire	о, <u>.</u>	Fee Re	quired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip _	Countr	у	8. This corporation owes the	•		□No
24	25	29 30	<u> </u>		Personal Property Tax.  10. Name and Address of N			
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of N	aw Registered A	gent	
HAIN	I, RICHARD L SR.							
5833 126TH AVE. NORTH			82 Street Add		dress (P.O. Box Number is Not Ac	ceptable)		
CLEARWATER FL 33760			8:	3				
7.20								
			84	City		FL	85 Zip C	Code
44	to the provisions of Sections 607,0502	and 607 1509 Florida Statutes	the abov	ve-named col	rooration submits this statement for	the numose of o	hanging its	registered
office or r	egistered agent, or both, in the State of	f Florida. Such change was auth	orized b	y the corpora	tion's board of directors. I hereby a	ccept the appoin	tment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	S.	•			ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ag	ent signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	HAIN, RICHARD L SR		1.2 NAME	: [				-
STREET ADDRESS	5833 126TH AVENUE NORTH		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33760	_	1.4 CITY-	ST-ZIP_				
TITLE		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAME		:			
STREET ADDRESS			2.3 STRE	ET ADORESS	,			ļ
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			•	☐ Change	☐ Addition
NAME			3.2 NAME			•		
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition {
NAME			4. 2 NAM	<u> </u>				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	·			
TITLE		☐ DELETÉ	5.1 TITLE	l l			☐ Change	∐ Addition
NAME			5.2 NAME	1	•			i,
STREET ADDRESS			1	ET ADDRESS				ļ
CITY-ST-ZIP			5.4 CITY-		<del></del>		Flot	
TITLE		☐ DEŁETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					ļ
STREET ADDRESS				ET ADDRESS	ı			ļ
	la .		C A CITY	CT 71D	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 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, with all other like empowered.

SIGNATURE:

**FILED** 

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90044 022 \*\*\*150.00