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

PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name K45537

(3)

ECONOWASTE, INC.

Principal Place of Business Mailing Address 3110 DE SALVO RD PO BOX 49250 3110 DE SALVO RD PO BOX 49250 PO BUX 49630 JACKSONVILLE BEACH FL 32240-8250 - 7.250 JACKSONVILLE BEACH FL 32240-6250 DO NOT WRITE IN THIS SPACE _9350 3. Date Incorporated or Qualified 11/14/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2948660 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired

Not Applicable \$8.75 Additional 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes Yes ☐ No 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BINGHAM, BRIAN 14560 ISLAND DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) Jacksonville FL 32250

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.

83 84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE BINGHAM, BRIAN 1.2 NAME NAME 14560 ISLAND DRIVE 1.3 STREET ADDRESS STREET ADDRESS Jacksonville fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition TITLE 3 1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 2IP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 changing, or or an attachment with an address.

SIGNATURE:

INL HAT

04.27.98 9046425475

FILED

May 05 1998 8:00am

Secretary of State

Applied For

Zip Code

85