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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L19799 (0)

1. Corporation Name

JONES ROAD LANDFILL AND RECYCLING, INC.

Principal Place of Business

3400 JONES ROAD  
JACKSONVILLE FL 32220  
US

Mailing Address

757 N. ELDRIDGE  
TAX DEPARTMENT  
HOUSTON TX 77079-4435  
US

3. Date Incorporated or Qualified

09/26/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, NEIL H. J	
STREET ADDRESS	8807 ROBERTS DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OLSON, WILLIAM	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	BURGER, GERALD K.	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCHULER, EILEEN B.	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LONG, RONALD	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAY, KEVIN	
STREET ADDRESS	2801 S. BAYSHORE DR.	
CITY-ST-ZIP	COCONUT GROVE FL	

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hugh J. Dillingham, III	
1.3 STREET ADDRESS	757 N. Eldridge	
1.4 CITY-ST-ZIP	Houston, TX 77079	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. OLSON

APR 15 1997

281-870-8100

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CR2E034 (9/96)