CORPORATION ANNUAL REPORT 1995

Florida Department of State
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:13

DOCUMENT # L64176 (5)

1. Corporation Name
CONSTRUCTION & DEMOLITION DISPOSAL, INC.

Principal Place of Business	Mailing Address
% W. WM. ELLSWORTH III 1881 E.F. GRIFFIN RD. BARTOW FL 33830	P. O. BOX 2186 BARTOW FL 33830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1990
3a. Date of Last Report: 04/26/1994

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

2a. Mailing Address
26: P O Box 2186
Suite, Apt. #, etc.
27:
City & State
28: Bartow, FL
Zip 29: 33831 Country 30: USA

4. FEI Number: 59-3007823 ☐ 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

9. Name and Address of Current Registered Agent

ELLSWORTH, W. WM. III
1881 E.F. GRIFFIN RD
BARTOW FL 33830

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ELLSWORTH, MIKE	12 NAME	DELETE
STREET ADDRESS	1881 E.F. GRIFFIN RD	13 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	XX Change ☐ Addition
NAME	ELLSWORTH, W. WM. III	22 NAME	P
STREET ADDRESS	1881 E.F. GRIFFIN RD.	23 STREET ADDRESS	Ellsworth, W. Wm. III
CITY-ST-ZIP	BARTOW FL 33830	24 CITY-ST-ZIP	1881 E F Griffin Rd Bartow, FL 33830
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	ELLSWORTH, KENT C	32 NAME	
STREET ADDRESS	1881 E.F. GRIFFIN RD.	33 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/10/95 813 533-0490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KENT C. ELLSWORTH

0447861 FP