


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 30 AM 9:52 H 413	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000404			
EAGLE FLIGHT, L. C. 6320 ST. AUGUSTINE RD. SUITE 2 JACKSONVILLE FL 32217		1a. Principal Place of Business Address 6320 ST. AUGUSTINE RD. SUITE 2 JACKSONVILLE FL 32217			
2. Principal Place of Business 233 East Bay Street Suite, Apt. #, etc. Suite 620 City & State Jacksonville, FL Zip 32202 Country USA		2a. Mailing Address 233 East Bay Street Suite, Apt. #, etc. Suite 620 City & State Jacksonville, FL Zip 32202 Country USA		3. Date Organized or Qualified 05/25/1995 4. FEI Number 59-3319023 5. Date of Last Report 04/24/1997	
		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent LINDELL, MICHAEL J 233 EAST BAY STREET SUITE 620 JACKSONVILLE FL 32202		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 600002483176-4 Suite, Apt. #, etc. -04/08/98 -01110-008 ****188.75 ****188.75 City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	TEXAS DISPOSAL,	233 EAST BAY STREET		JACKSONVILLE FL	
MEM	DENNINGTON, JOE A	233 EAST BAY STREET		JACKSONVILLE FL	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>Joe Allen Dennington, member, member</u>		3.25.98		512-443-7871	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	