

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90032 045 ***150.00

DOCUMENT # P00000111624

1. Entity Name

SUMTER CLASS III & SOLID WASTE DISPOSAL, INC.



Principal Place of Business

**453 COUNTRY RD 489
LAKE PANASOFFKEE FL 33538**

Mailing Address

**453 COUNTRY RD 489
LAKE PANASOFFKEE FL 33538**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MESSER, RANDY
453 CR 489
LAKE PANASOFFKEE FL 33538**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ADAMS, SCOTT**
CITY-ST-ZIP **P O BOX 949
LAKE PANASOFFKEE FL 33538**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MESSER, RANDY**
CITY-ST-ZIP **P O BOX 949
LAKE PANASOFFKEE FL 33538**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COUCH, THEODORE-J SR**
CITY-ST-ZIP **1717 E FOWLER AVE
TAMPA FL 33612**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **MALININ, THEODORE**
CITY-ST-ZIP **360 ATLANTIC ROAD
KEY BISCAYNE FL 33149**

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **STRANGE, CHARLES JR**
CITY-ST-ZIP **1245 E NORVILLE BRYANT HIGHWAY
HERNANDO FL 34442**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HAIN, RICHARD L**
CITY-ST-ZIP **4239 S PADDOCK PT
INVERNESS FL 34450**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

94047556



MOORE CR2E034 (11/03)

4. FEI Number **59-3739871** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**