

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P17976 (2)  
1. Corporation Name  
**BROWNING-FERRIS INDUSTRIES OF ALABAMA, INC.**

Principal Place of Business Mailing Address  
PO BOX 10104 BRIMMINGHAM AL 35221 US 757 NORTH ELDRIDGE HOUSTON TX 77079

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/10/1988	04/15/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		63-0391412	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	1201 S. Pine Island Road
				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SNYDER, J F 580 WESTLAKE PARK BLVD HOUSTON TX	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V STONE, WALTER W JR. 757 N. ELDRIDGE HOUSTON TX 77079	1 2 NAME	
STREET ADDRESS	VS BURGER, GERALD K 757 N. ELDRIDGE HOUSTON TX 77079	1 3 STREET ADDRESS	
CITY - ST - ZIP	VT HIRVELA, HENRY L 757 N. ELDRIDGE HOUSTON TX 77079	1 4 CITY - ST - ZIP	
	AS SCHULER, EILEEN B 757 N ELDRIDGE HOUSTON TX	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 checked="" type="checkbox"/> Addition
		6 2 NAME	VP John G. Daichendt
		6 3 STREET ADDRESS	580 Westlake Park Blvd.
		6 4 CITY - ST - ZIP	Houston, TX 77079

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 110.07(3)(k), 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: Walter W Stone Vice President APR 12 1995 713-870-8100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 4)