SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P29458** **(7)**

1. Corporation Name

ENVIRONMENTAL WASTE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2076 HWY 49 S JACKSON MS 39073	2076 HWY 49 S FLORENCE MS 39073 US

3. Date Incorporated or Qualified: 05/18/1990	3a. Date of Last Report: 06/23/1995
4. FEI Number: 64-0707312	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLEMING, FLETCHER
SEVENTH FLOOR SEVILLE TOWER
PO BOX 1831
PENSACOLA FL 32598-1831

10. Name and Address of New Registered Agent

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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIBLEY, ROBERT		1.2 NAME	
STREET ADDRESS	350 SOUTH WOODLAND		1.3 STREET ADDRESS	
CITY-ST-ZIP	MORTON MS		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	PARTRIDGE, D. RICHARD		2.2 NAME	
STREET ADDRESS	RT. 4 BOX 25AA		2.3 STREET ADDRESS	1245 Tecumseh Ct
CITY-ST-ZIP	FLORENCE MS		2.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	SD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	KELSO, DELORES		3.2 NAME	
STREET ADDRESS	RT. 4 BOX 25AA		3.3 STREET ADDRESS	2076 Hwy 49 S
CITY-ST-ZIP	FLORENCE MS		3.4 CITY-ST-ZIP	Florence MS 39073
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PARTRIDGE, CHARLES H		4.2 NAME	
STREET ADDRESS	2076 HWY 49 S		4.3 STREET ADDRESS	
CITY-ST-ZIP	FLORENCE MS		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PITTS, GLENN E.		5.2 NAME	
STREET ADDRESS	815 LAKELAND DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/7/96 601 939-7299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #