

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33461 (5)

1. Corporation Name

BFI MEDICAL WASTE SYSTEMS SOUTHEAST, INC.

Principal Place of Business

8607 ROBERTS DR.
ATLANTA GA 30350
US

Mailing Address

757 N. ELDRIDGE
HOUSTON TX 77079
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/08/1991

3a. Date of Last Report

04/13/1994

4. FEI Number

58-1750575

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARK, NEIL H., JR.
STREET ADDRESS	8607 ROBERTS DRIVE, #100
CITY - ST - ZIP	ATLANTA GA
TITLE	V
NAME	STONE, WALTER W, JR
STREET ADDRESS	757 N. ELDRIDGE
CITY - ST - ZIP	HOUSTON TX
TITLE	V
NAME	STEVENS, JOYCE C
STREET ADDRESS	8607 ROBERTS DRIVE, SUITE 100
CITY - ST - ZIP	ATLANTA GA
TITLE	V
NAME	WISNIEWSKY, RICHARD L.
STREET ADDRESS	8607 ROBERTS DRIVE, #100
CITY - ST - ZIP	ATLANTA GA
TITLE	V
NAME	HOLLOWAY, LARRY
STREET ADDRESS	8607 ROBERTS DRIVE, #100
CITY - ST - ZIP	ATLANTA GA
TITLE	VPT
NAME	HIRVELA, HENRY L
STREET ADDRESS	757 N. ELDRIDGE
CITY - ST - ZIP	HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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

Daytime Phone #