

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P40241

(2)

1. Corporation Name

GEOWASTE OF GA, INC.

FILED

97 MAY -2 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

24 CATHEDRAL PLACE
SUITE 208
ST. AUGUSTINE FL 32084

Mailing Address

24 CATHEDRAL PLACE
SUITE 208
ST. AUGUSTINE FL 32084-4428

2. Principal Place of Business

2a. Mailing Address

21 100 West Bay Street

26 100 West Bay Street

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 700

27 Suite 700

City & State

City & State

23 Jacksonville, Florida

28 Jacksonville, Florida

Zip

Zip

Country

Country

24 32202

25 USA

29 32202

30 USA

g. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

08/28/1992

3a. Date of Last Report

04/10/1996

4. FEI Number

58-1731687

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VT
NAME CHASE, RAYMOND F.
STREET ADDRESS 24 CATHEDRAL PLACE, SUITE 208
CITY- ST- ZIP ST. AUGUSTINE FL

TITLE V
NAME KOHN, KEVIN
STREET ADDRESS 24 CATHEDRAL PLACE, SUITE 208
CITY- ST- ZIP ST. AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0016595

CR2E034 (9/96)