

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

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Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000014188 (6)

1. Corporation Name  
**REFUSE RANGERS, INC.**



Principal Place of Business  
**HWY 130 MUDLAKE RD  
GLEN ST MARY FL 32040**

Mailing Address  
**P O BOX 669  
GLEN ST MARY FL 32040  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/21/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3156445</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>LOWERY, ANGELA T 121 S. &amp; RAILROAD AVE. GLEN ST. MARY FL 32040</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWERY, ANGELA T</b>	1.2 NAME	<b>ANGELA T. LOWERY</b>
STREET ADDRESS	<b>P.O. BOX 1163 N/A</b>	1.3 STREET ADDRESS	<b>P.O. BOX 1163</b>
CITY-ST-ZIP	<b>GLEN ST. MARY FL 32040</b>	1.4 CITY-ST-ZIP	<b>GLEN ST. MARY, FL 32040</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>DARRELL HARRIS</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>365 MAGNOLIA ST.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>MAGNOLIA, FL 32063</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>RENEE CHRISTIE</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Rt. 2, Box 2775</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>GLEN ST. MARY, FL 32040</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>SECRETARY - TREASURER</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>JUANICE PARETH</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>P.O. BOX 105</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

*Juanice Pareth* 11/21/98

CR2E034 (10/97)