FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000009044 (7)**

1. Corporation Name
ATTAWAY SANITATION, INC.

Principal Place of Business	Mailing Address
6249 HIDDEN PLACE MILTON FL 32583	6249 HIDDEN PLACE MILTON FL 32583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/29/1993	06/16/1994

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 / County 25	Zip 29 / County 30

4. FEI Number: **59-3164253** ☐ 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 may be liable for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ATTAWAY, BOBBY 6249 HIDDEN PLACE MILTON FL 32583	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 Section(s) 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

(Typed or printed name of registered agent and title if agent is a corporation) (If agent is a corporation, registered agent must sign above) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1 TITLE	☐ Change ☐ Addition
NAME	ATTAWAY, BOBBY	1 NAME	
STREET ADDRESS	6249 HIDDEN PLACE	1 STREET ADDRESS	
CITY ST ZIP	MILTON FL 32583	1 CITY ST ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	ATTAWAY, BOBBY	2 NAME	
STREET ADDRESS	6249 HIDDEN PLACE	2 STREET ADDRESS	
CITY ST ZIP	MILTON FL 32583	2 CITY ST ZIP	
TITLE	D.	3 TITLE	☐ Change ☐ Addition
NAME	ATTAWAY, JESSIE	3 NAME	
STREET ADDRESS	6249 HIDDEN PLACE	3 STREET ADDRESS	
CITY ST ZIP	MILTON, FL 32583	3 CITY ST ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I/We 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)(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: Bobby M. Attaway 904626-2384

SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471336 FP