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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000027088 (2)

PEERLESS LANDFILL COMPANY

Principal Place of Business 444 THRD ST.

Mailing Address

444 THIRD ST.

FILED
Jan 31 1997 8:00am
Secretary of State



NEPTUNE BEACH FL 32266				NEPTUNE BEACH FL 32286-5111									
							3. Date Incorporated or Qualified				port		
2. Principal Pl	lace of Busi	ness		2a. Mailing Address			4. FEI Number -59-2179491				Ap	plied For	
		st Oak L	ane	26 314 N. Post Oak Lane						.,՝		t Applicabl	
Suite, Apt. #, etc 2				Suite, Apt. #, etc.								dditional quired	
City & State		exas		City & State  28 Houston, Texas			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Ζφ 7702	4	Country 25 USA		Zip 29 77024	30 T1	ntry IS			s corporation has liability for	r intangible		der s.	199.032,
		and Address of				LJZ		10. Na	me and Address of New F	egistered	Agent		
CT	CORPOR	ATION SYSTEM	]			81	Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						82	Street Add	lress (P.O.	Box Number is Not Accepta	able)			
PLA	MIAHON	FL 33324				83				·		-	7,9,7 <u>9,22,33,</u> 3,4,44.
						84	City			FL	65	Zip (	Code
1. Pursuant i	to the provis	ons of Sections	607.0502 ar	nd 607.1508, Florida St	atutes, the at		e-named cor	poration su	ibmits this statement for the	purpose o	fchang	jing its	s registere
- ≱agent I å SIGNATURE	m fam∺iar w	ith, and accept th	ne obligation	ns of, Section 607.0505	5, Florida Stat	utes	3.		d of directors. I hereby acc		ioinune	in as	registered
	Signature, typic	d or printed name of teg			(NOTE Registered	I Age	ent signature requ		stating) DITIONS/CHANGES TO OFF	DATE	DIDE	OT C	C INI 12
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CITY - ST-ZIP	I				0.4 0	11-3	ST-ZIP						

I. 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/47 (214)317-173