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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050320

1. Corporation Name
STANDARD DISPOSAL SERVICES OF FLORIDA, INC.

Principal Place of Business

5235 SATEL DR
ORLANDO FL 32810
US

Mailing Address

22001 HOOVER RD.
WARREN MI 48089

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 2401 S. Laflin

27 Suite, Apt. #, etc.

28 City & State

Chicago, IL

29 Zip 30 Country

4. FEI Number

58-2065447

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLANKENSHIP, EARL
638 A MIDWAY DR
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name Joe Briarton

82 Street Address (P.O. Box Number is Not Acceptable)
925 S. Clyde Morris Boulevard

83

84 City Daytona Beach

FL

85 Zip Code 32114

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 this 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 V
NAME CAMPO, DOMINIC
STREET ADDRESS 22001 HOOVER RD.
CITY-ST-ZIP WARREN MI

TITLE P
NAME CAMPO, GASPARE
STREET ADDRESS 22001 HOOVER
CITY-ST-ZIP WARREN MI

TITLE TS
NAME HAYES, ANTHONY S
STREET ADDRESS 22001 HOOVER
CITY-ST-ZIP WARREN MI

TITLE V
NAME FISH, MICHAEL
STREET ADDRESS 22001 HOOVER
CITY-ST-ZIP WARREN MI

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME James S. Eng
1.3 STREET ADDRESS 15880 N. Greenwood-Hayden Loop
1.4 CITY-ST-ZIP Scottsdale, AZ 85260

2.1 TITLE D/V
2.2 NAME Donald W. Blagden
2.3 STREET ADDRESS 15880 N. Greenwood-Hayden Loop
2.4 CITY-ST-ZIP Scottsdale, AZ 85260

3.1 TITLE D/T
3.2 NAME G. Thomas Rothford, Jr.
3.3 STREET ADDRESS 15880 N. Greenwood-Hayden Loop
3.4 CITY-ST-ZIP Scottsdale, AZ 85260

4.1 TITLE P
4.2 NAME Terry Armstrong
4.3 STREET ADDRESS c/o 15880 N. Greenwood-Hayden Loop
4.4 CITY-ST-ZIP Scottsdale, AZ 85260

5.1 TITLE S
5.2 NAME Jo Lynn White
5.3 STREET ADDRESS 15880 N. Greenwood-Hayden Loop
5.4 CITY-ST-ZIP Scottsdale, AZ 85260

6.1 TITLE AS
6.2 NAME Kimberly R. Boll and Jenny L. Apker
6.3 STREET ADDRESS 15880 N. Greenwood-Hayden Loop
6.4 CITY-ST-ZIP Scottsdale, AZ 85260

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)