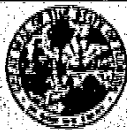


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076310 (0)

1. Corporation Name

MEDICAL WASTE MANAGEMENT OF BREVARD, INC.

Principal Place of Business

3626 E MALORY CT
COCOA FL 32926

Mailing Address

POB 560946
ROCKLEDGE FL 32956-0946

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/03/1993

3a. Date of Last Report

08/09/1994

4. FEI Number

59-3209843

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

2. Principal Place of Business

21 1904 Woodhaven Circle

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

13

City & State

23 Rockledge FL

City & State

28

Zip

24 32955

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PAQUETTE, JOHN R
3626 E MALORY CT
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name

John R. Paquette

82 Street Address (P.O. Box Number is Not Acceptable)

1904 Woodhaven Circle # 13

83

84 City

Rockledge

FL

85 Zip Code

32955

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

John R. Paquette
Signature, typed or printed name of registered agent and title if applicable.

John R. Paquette

(NOTE: Registered Agent signature required when resigning)

8/6/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	PAQUETTE, JOHN R
STREET ADDRESS	3626 E MALORY CT
CITY - ST - ZIP	COCOA FL
TITLE	V
NAME	PAQUETTE, PAMELA A
STREET ADDRESS	3626 E. MALLORY CT.
CITY - ST - ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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)(k), 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:

John R. Paquette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/95

DATE

(411)653-

Daytime Phone #

CR2E034 (3/95)