

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

FILED

Jun 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000066180 (8)

1. Corporation Name  
SOUTHEAST WASTE SYSTEMS, INC.

Principal Place of Business

7233 SOUTHERN BLVD.  
UNIT A8  
WEST PALM BEACH FL 33411  
US

Mailing Address

PO BOX 15469  
WEST PALM BEACH FL 33416-5469  
US



3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 11400 Fortuna Circle

Suite, Apt. #, etc.

22 City & State

23 Wellington FL

24 Zip

33414

Country

25 U.S.

2a. Mailing Address

26 11400 Fortuna Circle

Suite, Apt. #, etc.

27 City & State

28 Wellington FL

29 Zip

33414

Country

30 U.S.

4. FEI Number

65-0518441

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

9. Name and Address of Current Registered Agent

WALK, GARY  
500 S. AUSTRALIAN AVENUE  
10TH FLOOR  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

James P. Cunningham  
14096 Greentree Drive

83

84 City

West Palm Beach

FL

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

TITLE ☐ DELETE

NAME HOOD, RICHARD L  
STREET ADDRESS 30241 MATTHEWSTOWN ROAD  
CITY-ST-ZIP EASTON MD 21601

TITLE ☐ DELETE

NAME HOOD, SUZANNE  
STREET ADDRESS 30241 MATTHEWSTOWN ROAD  
CITY-ST-ZIP EASTON MD

TITLE ☐ DELETE

NAME CUNNINGHAM, JAMES P.  
STREET ADDRESS 14096 GREENTREE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ 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 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.

(561) 753-7330

CR2E034 (9/96)