

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000012578  
1. Corporation Name

MID FLORIDA RESIDUALS MANAGEMENT FACILITY INC

Principal Place of Business

Mailing Address

|                                |  |                     |  |                                                                                         |  |                              |  |
|--------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------|--|------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                       |  | 3a. Date of Last Report      |  |
| 21 270 FRYER LN                |  | 26 270 FRYER LN     |  | February 13, 1995                                                                       |  | February 13, 1995            |  |
| Suite, Apt. #, etc             |  | Suite, Apt. #, etc  |  | 4. FEI Number                                                                           |  | Applied For                  |  |
| 22 City & State                |  | 27 City & State     |  | 59-3361446                                                                              |  | Not Applicable               |  |
| 23 SANFORD FL                  |  | 28 SANFORD FL       |  | 5. Certificate of Status Desired                                                        |  | 8.75 Additional Fee Required |  |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | 5.00 May Be Added to Fees    |  |
| 24 32773                       |  | 29 32773            |  | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | Yes No                       |  |
| Country                        |  | Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | Yes No                       |  |
| 25 USA                         |  | 30 USA              |  |                                                                                         |  |                              |  |

9. Name and Address of Current Registered Agent

GARY FRYER  
270 FRYER LN  
SANFORD FL 32773

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 12 NAME                                               |                                                                   |
| STREET ADDRESS             |                                 | 13 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            |                                 | 14 CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 21 TITLE                                              |                                                                   |
| NAME                       |                                 | 22 NAME                                               |                                                                   |
| STREET ADDRESS             |                                 | 23 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            |                                 | 24 CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 31 TITLE                                              |                                                                   |
| NAME                       |                                 | 32 NAME                                               |                                                                   |
| STREET ADDRESS             |                                 | 33 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            |                                 | 34 CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 41 TITLE                                              |                                                                   |
| NAME                       |                                 | 42 NAME                                               |                                                                   |
| STREET ADDRESS             |                                 | 43 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            |                                 | 44 CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 51 TITLE                                              |                                                                   |
| NAME                       |                                 | 52 NAME                                               |                                                                   |
| STREET ADDRESS             |                                 | 53 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            |                                 | 54 CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 61 TITLE                                              |                                                                   |
| NAME                       |                                 | 62 NAME                                               |                                                                   |
| STREET ADDRESS             |                                 | 63 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            |                                 | 64 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 617, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

407-330-4982

DATE

DAYTIME PHONE