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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021015

1. Corporation Name

THE SANITATION SOLUTIONS (SANI-SOLV) GROUP, INC.

Principal Place	of Business	Mailing Address) 30 DISODE AND 10101 BIRM SOME SOME SOME SOME DATE WAS A CONTRACT HAVE LEAD
8505 BAYMEADOWS ROAD SUITE 122 JACKSONVILLE FL 32256		8505 BAYMEADOWS ROAD SUITE 122 JACKSONVILLE FL 32256		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 03/14/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For 53 9978451 59 - 354 7760 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional
22		27		Fee Required
City & State	•	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>	Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent
DAW	KINS, WILBERT L JR			
8505 BAYMEADOWS ROAD			82 Street	Address (P.O. Box Number is Not Acceptable)
SUITE 122			83	
JAU	(SONVILLE FL 32256		84 City	FL 85 Zip Code
44 5	607.050	2 and 607 1509. Florido Statutos	the above named	· · · · · · · · · · · · · · · · · · ·
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.				
-	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes.	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE; Re	egistered Agent signature	required when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SM	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAWKINS, JR., WILBERT L		1.2 NAME	
STREET ADDRESS	5058 BRIGHTON DR		1.3 STREET ADDRÉSS	
CITY-ST-ZIP	JACKSONVILLE FL 32217 GM	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE	DAWKINS, KARLEEN	□ bcccit	2.2 NAME	
NAME	5058 BRIGHTON DR		2.3 STREET ADDRESS	,
STREET ADDRESS	JACKSONVILLE FL 32217		2 4 CITY-ST-ZIP	·
CITY-ST-ZIP TITLE	JAONOONVILLE TE SEETI	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		_	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	· ·
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	8
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME	•		6.2 NAME	
STREET ADDRESS		;	6.3 STREET ADDRESS)

6.4 CITY-ST-ZIP 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:

CITY-ST-ZIP

G OFFICER OR DIRECTOR