FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000025312 (6)**

1. Corporation Name

DISPOSAL DEPOT, INC.

Principal Place of Business	Mailing Address
1613 ST. ANDREWS BOULEVARD PANAMA CITY FL 32405	1613 ST. ANDREWS BOULEVARD PANAMA CITY FL 32405

3. Date Incorporated or Qualified: 03/28/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2911 S. Hwy. 77.	26 2911 S. Hwy. 77
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lynn Haven	City & State 28 Lynn Haven
Zip 24 FL 32444 Country 25 USA	Zip 29 FL 32444 Country 30 USA

4. FEI Number: 59-3339153 ☐ 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

SHAW, WILLIAM E JR.
1613 ST. ANDREWS BOULEVARD
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 2911 S. Hwy. 77
84 City: Lynn Haven FL 85 Zip Code: 32444

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 ____________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SHAW, WILLIAM E JR.	
STREET ADDRESS	700 MISSISSIPPI AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	☒ DELETE
NAME	SHAW, WILLIAM EDWARD	
STREET ADDRESS	2206 WINDJAMMER DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	☒ DELETE
NAME	SHAW, PEGGY K	
STREET ADDRESS	2206 WINDJAMMER DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	☐ DELETE
NAME	ATKINSON, LISA SHAW	
STREET ADDRESS	1322 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
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		

CR2E034 (12/95)

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 Lisa Shaw Atkinson — Lisa Shaw Atkinson 4/30/96 (904) 784-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #