

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000079480 (6)**

1. Corporation Name

**BEACH DISPOSAL, INC.**



Principal Place of Business

Mailing Address

**4116 HIGHWAY 231 NORTH  
PANAMA CITY FL 32404**

**PO BOX 2462  
PANAMA CITY FL 32402**

<b>3.</b> Date Incorporated or Qualified <b>10/16/1995</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>59-3353377</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21.</b> Suite, Apt #, etc	<b>26.</b> Suite, Apt #, etc
<b>22.</b> City & State	<b>27.</b> City & State
<b>23.</b> Zip	<b>28.</b> Country
<b>24.</b> Country	<b>25.</b> Zip
<b>29.</b> Country	<b>30.</b> Zip

**9. Name and Address of Current Registered Agent**

**DODD, RICHARD M  
4116 HIGHWAY 231 NORTH  
PANAMA CITY FL 32404**

**10. Name and Address of New Registered Agent**

<b>81.</b> Name
<b>82.</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83.</b>
<b>84.</b> City <b>FL</b> <b>85.</b> 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 from card of registered agent and filed applicable

(NOTE: Registered Agent signature required when not filing)

Date

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DODD, RICHARD M</b>	12 NAME	
STREET ADDRESS	<b>4116 HIGHWAY 231 NORTH</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>	14 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENSE, ALLAN G</b>	22 NAME	
STREET ADDRESS	<b>4116 HIGHWAY 231 NORTH</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILTON, L. CHARLES JR</b>	32 NAME	
STREET ADDRESS	<b>4116 HIGHWAY 231 NORTH</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, unchanged, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard M. Dodd, Director 06/14/96 904/785-4675**

Date

Daytime Phone #

CR2E034 (3/96)