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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075471 (8)

JOHNS BY JOHN WASTE HAULING, INC.

| 5015 | | | | | | | | | | | |
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| Principal Plac | e of Business | Ma | iling Address | ···· | | | 1 30 0 10 0 10 0 | | | DOLUMENTE PROPERTY | |
| 11474 FINCH RD BROOKSVILLE FL 34614 | | | 74 FINCH R D Doksville FL 34614 | 4-3505 | | | | | | | |
| | | | | | | | 3. Date Incorp 09/09/198 | oorated or Qualified | 3a. | Date of Last F | Report |
| 2. Principal P | lace of Business | 28. | Mailing Address | | • | | 4. FEI Number | | l | A | pplied For |
| 21 | | 26 | | | | | <u> </u> | 399554 | <u> </u> | | ot Applicable |
| Suite, Apt | Ħ, €IC | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of | of Status Desired | | | Additional equired |
| Cily & Stat | e | ····· | City & State | | | | 6. Election Car | mpaign Financing | | | May Be |
| 23 | | 28 | | | | | | Contribution | | | to Fees |
| Zip | Country | | Zip | Count | гу | | 8. This corpor | ation has liability fo | | | s. 199.032, |
| 24 | 25 | 29 | | 30 | | i | Florida Stat | | Yes Yes | | |
| | 9. Name and Address o | f Current Registe | ared Agent | 8 | 1 Name | _ | 10. Name and | Address of New F | Registers | ed Agent | |
| | ARNOCK, WILLIAM T III | | | Ľ | | 40 | ANK | 40NXC | د | | |
| | 27 SPRING HILL DR | | | B | 2 Street | Addres | s (P.O. Box Nun | mber is Not Agcept | able) | | |
| SPH | RING HILL FL 34609 | | | 8 | | 89 | 3 00c | INS HIT | | 10 C | |
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| 11. Pursuant | to the provisions of Sections | 607.0502 and 60 | 7.1508, Florida Stat | itutes, the abo | ve-named | l corpor | ration submits thi | is statement for the | purpose | of changing | its registered |
| 11. Pursuant office or ragent. La | to the provisions of Sections egistered agent, or both in t im familiar with, and accept t | 607.0502 and 60 he State of Florida he obligations of | 7.1508, Florida Stal a. 83ch change wa section 607.0505, | | | | ration submits thin's board of dire | is statement for the ctors. I hereby acc | e purpose ept the a | of changing in oppointment as | its registered registered |
| 11. Pursuant office or ragent. La | Shi | | | Frai | ak Fo | nzo | | is statement for the ctors. I hereby acc | purpose ept the a | of changing ippointment as | its registered registered |
| SIGNATURE | Signal we typed or printer name of reg | gistered age, and title if | applicable. (N | Frai | ak Fo | nzo | when reinstating) | | 2 . 1 DATE | 5.5 | 7 |
| | Signal we typed or printer name of reg | | applicable. (N | Frai | nk Fo | NZO required | when reinstating) ADDITIONS/0 | is statement for the clors. I hereby acc | 2 . 1 DATE | 5.5 | 7 |
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14. I do hereby certify that the information supplied with this filling 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.

SIGNATURE

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~_25-\ Dale 355-591-300

FILED

May 07 1997 8:00am

Secretary of State