

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT • CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000101672 (9)

1. Corporation Name
DUVAL MEDICAL DISPOSAL, INC.

Principal Place of Business

1996 WALNUT STREET
JACKSONVILLE FL 32206

Mailing Address

2340 WINDCHIME DR.
JACKSONVILLE FL 32224
US

FILED

50 AUG 26 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1015 HAINES ST Suite, Apt. #, etc.		26 SAME as LEFT Suite, Apt. #, etc.		12/16/1996	
22 Jacksonville, FL City & State		27 City & State		4. FEI Number 59-3427525	
23 Zip 32206 Country USA		28 Zip Country		Applied For Not Applicable	
24		29		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

ALSON, WILLIAM
2340 WINDCHIME DR.
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300002627983-3

83

84 City

08/28/98--01079--006

*****8.75 FL *****8.75

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

8/25/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ALSON, WILLIAM B
STREET ADDRESS 2340 WINDCHIME DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE CEO/CHAIRMAN ☐ DELETE

NAME BRUCE DOUGLAS
STREET ADDRESS 3866 MAGNOLIA PT LN
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE EVP ☐ DELETE

NAME RAY Gengermino
STREET ADDRESS 3759 SALT MEADOWS CT S.
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE

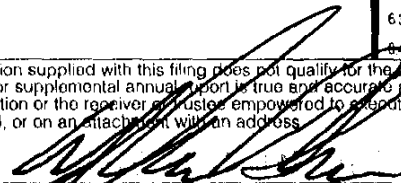
9.2 NAME

9.3 STREET ADDRESS

9.4 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.

SIGNATURE:



8/24/98 (904) 354-7666

CR2E034 (10/97)