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

FILED
98 AUG 26 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/16/1996

2. Principal Place of Business
21 1015 HAINES ST
Suite, Apt. #, etc.
22 Jacksonville, Fl
City & State
23
Zip 24 32206
Country 25 USA

2a. Mailing Address
26 S Ame as LeFt
Suite, Apt #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number
59-3427525
☐ 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 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
-08/28/98--01079--006
84 City ******8.75 FL 85 Zip Code ******8.75

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 name of registered agent and title 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	2304 WINDCHIME DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CEO/Chairman	☐ DELETE
NAME	Bruce Douglas	
STREET ADDRESS	2866 Magnolia Pt Ln	
CITY-ST-ZIP	St Augustine, Fl 32086	
TITLE	EVP	☐ DELETE
NAME	RAY Bengermino	
STREET ADDRESS	3759 Salt meadow 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	200002627982--6	
1.3 STREET ADDRESS	-08/28/98--01079--005	
1.4 CITY-ST-ZIP	******550.00	☐ Change ☒ Addition
2.1 TITLE	CEO/Chairman	
2.2 NAME	Bruce Douglas	
2.3 STREET ADDRESS	2866 Magnolia Pt Ln	
2.4 CITY-ST-ZIP	St Augustine, Fl 32086	
3.1 TITLE	EVP	☐ Change ☒ Addition
3.2 NAME	RAY Bengermino	
3.3 STREET ADDRESS	3759 Salt meadows ct S.	
3.4 CITY-ST-ZIP	Jacksonville, Fl 32224	
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 (10/97)

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