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	Mailing Address
~~1995 WALNUT STREET~~ 1015 HAINES ST ~~JACKSONVILLE FL 32206~~ JACKSONVILLE, FL 32206	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	2a. Mailing Address
21 1015 HAINES ST	26 SAME AS LAST PT
Suite, Apt. #, etc. 22 JACKSONVILLE, FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32206 Country 25 USA	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	10. Name and Address of New Registered Agent
ALSON, WILLIAM 2340 WINDCHIME DR. JACKSONVILLE FL 32224	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 300002627983--9 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 _____ 8/25/98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALSON, WILLIAM B 2304 WINDCHIME DRIVE JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	200002627982--6 -08/28/98--01079--005 *****550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/CHAIRMAN Bruce Douglas 2866 MAGNOLIA PT LN St Augustine, Fl 32086	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CEO/CHAIRMAN Bruce Douglas 2866 MAGNOLIA PT LN St Augustine, Fl 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP RAY Bengermino 3759 SAILT meadow ct S. Jacksonville, Fl 32224	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	EVP RAY Bengermino 3759 SAILT meadows ct S. Jacksonville, Fl 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)854-7666