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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B: Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Jun 10 1998 8:00am Secretary of State

DOCUMENT # P9700029001 (9) NATIONAL LANDFILL MANAGEMENT, INC.					
Principal Plac	e of Business	Mailing Address	Mailing Address		T ICONIODE IEU IDEK LUDIK UDIK DUKK UDIKI DUKK DUKU IDIK IDIK
800 HARBOUR DRIVE		800 HARBOUR DRIVE	800 HARBOUR DRIVE		
NAPLES FL 3		NAPLES FL 34103			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					03/31/1997
2. Principal Place of Business 2s.		2s. Mailing Address	ta. Mailing Address		4. FEI Number Applied For
21		26			65-0839980 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional
27					Fee Hequired
City & State City & S		City & State	le		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	T Col	intry	Trust Fund Contribution
24	25	29	30	ii ii y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9, Name and Address of Current		[30]	- 	10. Name and Address of New Registered Agent
. 10	HNSON, MERRILL N	1		81 Name	3
	HARBOUR DRIVE			82 Street	t Address (P.O. Box Number is Not Acceptable)
NAPLES FL 34103				02 SHEEL	Address (F.O. Box Mulliber is Mot Acceptable)
3 101	. 250 / 2 0 / 100			63	
•				84 City	85 Zip Code
				′	FL
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, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature types or product the obligations of appointment as registered Agent signature required when reinstaling. DATE					
12.	OFFICERS AND	The second secon	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D SAME POPERT F	☐ DELETE	1.1 10		☐ Change ☐ Addition
NAME	FAHEY, ROBERT E		1.2 N/		6953 Johns Road
STREET ADDRESS	6593 JOHNS ROAD NAPLES FL 33114			TREET ADDRESS	0900 Johns Road
CITY-ST-ZIP	h	DELETE	2.1 TI	TY-ST-ZIP	Change Addition
NAME	JIOHNSON, MERRILL N		2.2 N/		
STREET ADDRESS	800 HARBOUR DRIVE			REFT ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103			ITY-ST-ZIP	
TITLE		DELETE	3.1 70		Change Addition
NAME			3.2 N/	AME	
STREET ADDRESS			3.3 S1	REET ADDRESS	
CITY-ST-ZIP		·	3.4. C	IIY-ST-ZIP	
TITLE		DELETE	4.1 10	īLŧ	Change Addition
NAME			4. 2 N	AME	
STREET ADDRESS			4.3 ST	REET ADDRESS	
CITY-ST-ZIP		- Contact		TY-ST-ZIP	
TITLE		DETELE	5.1 TI		Change Addition
NAME			5.2 N/		}
STREET ADDRESS				REET ADDIRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 Tr	TY-ST-ZIP	Change Addition
NAME		C) DETERIE	6.2 N/		800002556848 7.00
STREET ADDRESS				reet address	-06/11/9801066014 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			1		***158.00
CITY-ST-ZIP		The second secon	0.4 CI	IY-SI-ZIP	11: C - 6 - 110 07(0)() Florido Cot do 1 () by 1 () 6 () by 1 ()

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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