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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000096756 (6)

FILED Apr 23 1998 8:00am Secretary of State

| VALET | WASTE, INC. | | | | | | |
|-------------------------------|---|---|---|-------------------------------------|--|----------------------|----------------------------|
| Principal Plac | e of Business | Mailing Address | | | n immerimen biga illing inner nærri enbig mærri Bærre i | INITE BION INTO DISS | E CHICHDUR |
| 2109 PALM AVENUE SUITE 304 | | 2109 PALM AVENUE Suite 304 | | | DO NOT WRITE IN THE | 10 000 01 | |
| TAMPA FL 33 | 9605 | TAMPA FL 33605 | | - | DO NOT WRITE IN TH 3. Date Incorporated or Qualified | IS SPACE | |
| | | | | | | | |
| 2 Principal P | Place of Business | 2a. Mailing Address | | | 11/13/1997 4. FEI Number | I lan | plied For |
| 21 | | 26 | | | 59-3475765 | | t Applicable |
| | | Suite, Apt. #, etc. | #, etc. | | | \$8.75 A | |
| 27 | | | | 5. Certificate of Status Desired | Fee Re | | |
| City & State City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 28 | | 28 | | | Trust Fund Contribution Added to Fees | | o Fees |
| Zip | Country Zip | | Country | | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | | No |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New Registers | d Agent | |
| FEI | rris, Michael K | | B1 N | lame | | | |
| 210 | | 82 S | treet Address | (P.O. Box Number is Not Acceptable) | | | |
| SUITE 304 | | | <u> </u> | <u> </u> | | | ···· |
| TAMPA FL 33605 | | | 83 | | | | |
| | | | 84 C | lity | | 85 Zip C | Code |
| dd Dussiant | to the man is issue of Factors COZ Of 6 | 00 and 007 1600 Linear Cts | Autor the above a | amed career | | | o registered |
| office or r | to the provisions of Sections 607.050 registered agent, or both, in the State | oz and 607, 1506, ribrida Sta e of Florida. Such change wa | itules, the above-has as authorized by the | arried corpora e corporation | ation submits this statement for the purpose is board of directors. I hereby accept the a | ppointment as | s registered registered |
| agent. La | m familiar with, and accept the oblig | jations of, Section 607,0505, | Florida Statutes. | | · | | |
| SIGNATURE | | | | | | | · |
| 12. | Signature, typed or profest ranie of registered rigi | ID DIRECTORS | IOTE Registered Agent si | ghature required w | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | | C IAI 12 |
| THUE | D | DELETE | 117071.6 | | | Change | Addition |
| NAME | FERRIS, MICHAEL K | | 1.2 NAME | رموم | ois, michael K. | | |
| STREET ADDRESS | 2278 CEDAR TRACE CIRCLE | , , | 1.3 STREET ADD | BESS 1424 | in N. gard Street, & 240 | >.4 | |
| CITY-ST-ZIP | TAMPA FL 33613 | | 1.4 CITY - S1 - ZI | P Z | ris, michael K 40 N. 42°d Street, # 290 1794, Pl 83613 | | |
| THE | D | DE LE TE | 2.1 TILLE | 7.57 | 700, | Change | Addition |
| NAME | MAGRISSO, DAVID J | | 22 NAME | | | | |
| STREET ADDRESS | 11217 SHADYBROOK DRIVE | | 2 3 STREET ADD | IRESS | | | |
| CITY-ST-ZIP | TAMPA FL 33622 | | 2 4 City-St-Z | į. | | | |
| TITLE | D | DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | SMITH, BRENT R | | 3.2 NAME | | | | |
| STREET ADDRESS | 3225 BASEBALL POND ROAL | D | 3.3 STREET ADD | RESS | | | |
| CITY - ST - ZIP | BROOKSVILLE FL 34602 | | 34 CITY- \$1-Z | 1P | | | , |
| TIFLE | | DELETE | 4.1 THEF | | | Change | Addition |
| NAME | | | 4 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADD | RESS | | | |
| CITY - ST - ZIP | | | 4.4 CITY - ST - ZI | p [| | | |
| TITLE | | DELETE | 5 1 TITLE | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADD | PRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZI | P | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 6.2 NAME | Ì | | | |
| STREET ADDRESS | | | 6 3 STREET ADD | ORESS | | | |
| CITY ST ZIP | | | 64 CITY - ST - ZI | 1 | | | |
| | cerlify that the information supplied w | vith this filing does not qualif- | | | ction 119.07(3)(i), Florida Statutes. I further | certify that the | information |

Indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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 changes, for on an attachment with an address

4/16/18