


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90028 031 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000005737

1. Corporation Name
393 DISPOSAL, INC.

Principal Place of Business
420 EAST PINE AVENUE
CRESTVIEW FL 32539

Mailing Address
420 EAST PINE AVENUE
CRESTVIEW FL 32539



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 6060 Homestead Road Suite, Apt. #, etc. | | 2a. Mailing Address 26 P.O. Box 185 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 01/16/1998 | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 22 City & State 23 Baker, Florida Zip Country 24 32531 25 Okaloosa | | 27 City & State 28 Baker, Florida Zip Country 29 32531 30 Okaloosa | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent

CADENHEAD, CHRIS
420 EAST PINE AVENUE
CRESTVIEW FL 32539

81 Name **Fred Schneider**
 82 Street Address (P.O. Box Number Is Not Acceptable)
6060 Homestead Road
 83
 84 City **Baker** **FL** 85 Zip Code **32531**

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]* **Fred Schneider, Registered Agent** **1/14/99**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | President <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Arthur F. Schneider | 1.2 NAME | |
| STREET ADDRESS | 6060 Homestead Rd., P.O. Bx 185 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Baker, FL 32531 | 1.4 CITY-ST-ZIP | |
| TITLE | Vice President <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Raymond Moon | 2.2 NAME | |
| STREET ADDRESS | 1030 Miracle Strip Pky | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Fort Walton Beach, FL 32548 | 2.4 CITY-ST-ZIP | |
| TITLE | Sec. Treas. <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rhett Cadenhead | 3.2 NAME | |
| STREET ADDRESS | 1030 Miracle Strip Pky | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Ft. Walton Beach, FL 32548 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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, with all other like empowered.

SIGNATURE: *[Signature]* **Fred Schneider, 1/14/99** **850-537-8801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)