PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000054363

1. Corporation Name

ANDY'S WASTE HAULING SERVICE, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90014 028 ***150.00



Principal Place of Business Mailing Address						ê IMBIIMBI (EM IMER IMIS) MASIL S		\$11(1 41545 11174	85100 1131 1801
4847 BUNYAN		4847 BUNYAN STREET	·						
SARASOTA FL		SARASOTA FL 34232			- 1	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed				
						6/17/1998	•		
0 Diani-10	The state of Division of Divis	2a. Mailing Address	_		4 55	I Number		Apr	plied For
2. Principal Place of Business 2a. Mailing Address 26 4 6 6			Industrial Ruk Or			65-084624	Î	h	t Applicable
Suite Ant	#,,etc	Suite, Apt. #, etc.							Additional
22	27				ertifcate of Status Desired		Fee Re	quired:	
City & State	e	City & State	City & State			ection Campaign Financing		\$5.00	May Be
23		28 PLANT CI	as i F	٠(,	Tn	ust Fund Contribution	' 🗆	Added to	o Fees
Zip	Country	Zip	Cour	ntry USA	8. Th	is corporation owes the cu	rrent year Int	angible	
24	25	29 3 106	30 Ha	fe books of	Pe	ersonal Property Tax.		☐ Yes	X No
	9. Name and Address of Curren	it Registered Agent			10. N	ame and Address of New	Registered	Agent	
	100 110		ļ	81 Name	7	om BAKer			
FILINGS, INC.			ł	82 Street A	ddress (P.O.	Box Number is Not Accep	table)		_
3732 N.W. 16TH STREET									
F1. 1	LAUDERDALE FL 33311-4132			83	1906	Industry.	Park i) /]
				84 City	7. 4			85 Zip C	Code,
į				- 7		r Cuty_	<u> </u>		3566
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept pobliga	2 and 607.1508, Florida Statut	es, the at	ove-named o	corporation su	bmits this statement for th	e purpose of	changing its	registered distered
office or n	egistered agent, or both, in the state m familiar with, and accept the obliga	of Florida. Such change was a itiogs of, Section 607.0505, Flo	rid <u>a</u> Statu	tes.	iation's board	of directors. Thereby acc	رم ل د ا -	•	g.0.0.0
SIGNATURE	Mi	Bur Tom	1344	h			3/31/40	1	
SIGNATURE	Signature, typed or printed name pregistered age	nt and title if applicable. (NOTE	: Registered	Agent signature rec			· DATE		
12.		ND DIRECTORS	13.			DITIONS/CHANGES TO O	FFICERS AN	Change	Addition
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NAME	SCHRANTZ, ANDREW C		1.2 NA	ME	A	YEARSON EL.	4~'3- *		l
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CITY-ST-ZID	I		■ 6.4 Cl	TY-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 mistee 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:

SIGN