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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000081357

1. Corporation Name

OSTEEN C & D LANDFILL, INC.

## **FILED** Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90118 009 \*\*\*150.00



Principal Place	e of Business *	Mailing Address		
255 DIXON LAK OSTEEN FL 327		255 DIXON LAKE ROAD OSTEEN FL 32764		DO MOT WENTER IN THE SPACE
				DO NOT WRITE IN THIS SPACE
1				3. Date Incorporated or Qualifed 09/17/1998
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26 P.O. Box 1	63	59 - 3534288 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired  5. Certificate of Status Desired
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State	<b>`</b>	6. Election Campaign Financing \$5.00 May Be
23		28 Osteen	+L	Trust Fund Contribution Added to Fees
Žip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 32764 30	JUSA	Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
	ER, KATHLEEN J	•	82 Street	Address (P.O. Box Number is Not Acceptable),
2632 VALMORA COURT			25	
DELT	ONA FL 32764		83	
			24 0"	85 Zip Code ,
			84 City	reen FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes.	the above named	corporation submits this statement for the purpose of changing its registered
office or o	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was auth	iorized by the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered ag		gistered Agent signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	A change
NAME	MEYER, KATHLEEN J		1.2 NAME	255 Dixon Lake Road
STREET ADDRESS	2632 VALMORA COURT		1.3 STREET ADDRESS	· .
CITY+ST-ZIP	DELTONA FL 32764		1.4 CITY-ST-ZIP	Osteen Fl 32764
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	MEYER, JOHANN G III		2.2 NAME	1.54.0
STREET ADDRESS	2632 VALMORA COURT	e na na e san e san e e e e e e e e e e e e e e e e e e e	2.3 STREET ADDRESS	255 Dixon Lake Road
CITY-ST-ZIP	DELTONA FL 32738		2. 4 CITY-ST-ZIP	Osteen Fl 32764
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	·
STREET ADDRESS	•		4.3 STREET ADDRESS	,
			4.4 CITY-ST-ZIP	•
CITY-ST-ZIP	<u></u>	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		<b>—</b>	5.2 NAME	
NAME			5.3 STREET ADDRESS	•
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP			6.1 TITLE	Change Addition
TITLE	•	□ DECE 16	6.2 NAME	
NAME	•		1	
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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

(407)302.2273