

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 # P98000102406

1. Corporation Name  
WASTE SERVICE, INCORPORATED

Principal Place of Business  
8916 N.W. 26TH COURT  
CORAL SPRINGS FL 33065-5608

Mailing Address  
8916 N.W. 26TH COURT  
CORAL SPRINGS FL 33065-5608

1750.0

APPROVED  
AND  
FILED

99 OCT 25 PM 3:24

SECRETARY OF STATE



REINSTATEMENT

3. Date Incorporated or Qualified  
12/09/1998

4. FEI Number  
65-0881871

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
4439 ELSIE LN.

2a. Mailing Address  
SAMP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State  
MILTON FL

27. City & State

23. Zip  
32583

28. Zip  
Country

24. Country  
SANTA ROSA

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, RICHARD T  
ONE CLEARLAKE CENTRE, SUITE 1601  
250 AUSTRALIAN AVENUE SOUTH  
WEST PALM BEACH FL 33401-5018

81. Name  
DAVID FENTON

82. Street Address (P.O. Box Number is Not Acceptable)  
4439 ELSIE LN.

83.

84. City  
MILTON

85. Zip Code  
FL 32583

11. Pursuant to the provisions of Sections 607.0602 and 607.1306, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE 10-25-99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME FENTON, DAVID  
STREET ADDRESS 8916 N.W. 26TH COURT  
CITY-ST-ZIP CORAL SPRINGS FL 33065-5608

TITLE D  
NAME LESHMAN, BETTY  
STREET ADDRESS 440 N.W. 97TH AVENUE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
600003043446--2  
-11/12/99--01120--029  
\*\*\*750.00

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)