

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -6 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P99000026361

1. Entity Name  
ANDY'S GARBAGE SERVICE, INC.

Principal Place of Business  
5649 SE 102ND PLACE RD.  
ATTN: ANDREW T. HEFLIN  
BELLEVUE, FL 34420

Mailing Address  
5649 SE 102ND PLACE RD.  
ATTN: ANDREW T. HEFLIN  
BELLEVUE, FL 34420

2. Principal Place of Business  
5649 SE 102 PL RD  
Suite, Apt. #, etc.

3. Mailing Address  
5649 SE 102 PL RD  
Suite, Apt. #, etc.

City & State  
Bellevue FL 34420  
Zip Country  
34420 America

City & State  
Bellevue F  
Zip Country  
34420 America



4. FEI Number  
59-3577671  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HEFLIN, ANDREW T  
5649 S.E. 162 PLACE RD  
BELLEVUE, FL 34420

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *Andrew Hefflin*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HEFLIN, ANDREW<br>5649 SE 102 PLACE RD<br>BELLEVUE, FL 34420 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Office Manager<br>Glenda Reynolds<br>15 Cedar Drive<br>Ocala FL 34472 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Operations Managers<br>Mike Hefflin<br>15 Larch Run Ct<br>Ocala FL 34472 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Andrew Hefflin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

B. Mitchell DEC - 6 2006