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 # **\$58383**

1. Corporation Name

WASTERIGHT CORPORATION

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90226 013 ***150.00



| Principal Place of Business Mailing Address | | | | | . I I BRITAIN IN AIRE IN | 1100 1100 10100 1100 1100 1100 | E1811 O(811 81-11 | | | |
|---|--|-------------------------------|---------------------|-----------|--------------------------|--|---|---------------------------------|---------------------------|--|
| 3524 TWISTED OAK COURT 3524 TWISTED OAK COURT | | | | | | | | | | |
| LAKE WALES F | | LAKE WALES FL | LAKE WALES FL 33853 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | 3. Date Incorporated or Qualifed | | | |
| | , | | | | | 06/05/1991 | Qualifeu | | | |
| Principal Place of Business Za. Mailing Address | | | | | | 4. FEI Number | | A | pplied For | |
| 21 | | — <i>;</i> | <u></u> | | | NOT APPLICABI | Ė. | N | ot Applicable | |
| Suite, Apt. | #. etc. | | Suite, Apt. #, etc. | | | | | \$8.75 | Additional | |
| 22 | | 27 | 27 | | | 5. Certificate of Status D | esired | Fee R | equired | |
| City & State | e , | City & State | | | | 6. Election Campaign F | nancing | \$5.00 | May Be | |
| 23 | | 28 | 28 | | | Trust Fund Contribution. Added to Fees | | | | |
| Zip | Country | Zip | | | | 8. This corporation owe | the current year Ir | tangible | | |
| 24 | 25 29 30 | | | | | Personal Property Tax. ☐ Yes ☐ No | | | | |
| | 9. Name and Address of C | | | | | 10. Name and Address | of New Registered | l Agent | | |
| | | | | | Name | | | • | • | |
| CARSON, WILLIAM | | | | 00 | Charact (| Address (P.O. Box Number is Not Acceptable) | | | | |
| 3524 | TWISTED OAK COURT | | 82 Stree | | | Address (F.O. Box Mullicer is Mo | t Acceptable) | | | |
| LAKE | E WALES FL 33853 | | 83 | | | | | | | |
| | • | | - | | City | | | 85 Zip | Code | |
| | | | | | | | FI | | | |
| 11. Pursuant | to the provisions of Sections 60 | 7.0502 and 607.1508, Florid | la Statutes, the | above | e-named o | corporation submits this stateme oration's board of directors. I here | nt for the purpose o | of changing it sintment as r | s registered egistered | |
| office of r | m familiar with, and accept the | obligations of, Section 607.0 | 505, Florida S | tatutes | · | station a board of directors. The | ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| SIGNATURE | • | | | | | | | | | |
| | Signature, typed or printed name of register | | | | nt signature re | equired when reinstating) ADDITIONS/CHANGE | DATE C. TO OFFICERS A | NO DIDECT | ODS IN 12 | |
| 12. | | S AND DIRECTORS | | 3. | | ADDITIONS/CHANGE | 5 TO OFFICERS A | Change | Addition | |
| TITLE | D | | · | 1 TITLE | | | | ☐ Change | | |
| NAME | CARSON, WILLIAM | | 1. | 2 NAME | į | | | | | |
| STREET ADDRESS | 3524 TWISTED OAK CT | | 1.7 | 3 STREET | ADDRESS [| | | | 1 | |
| CITY-ST-ZIP | LAKE WALES FL | | | 4 CITY-S | T-ZIP | | | | | |
| TITLE | į | | LETE 2. | 1 TITLE | | | | Change | ☐ Addition | |
| NAME | | | 2 | 2 NAME | | | | | 1 | |
| "STREET ADDRESS | | | 2. | 3 STREE | TADDRESS | | | | · | |
| CITY-ST-ZIP | · | | 2. | 4 CITY-S | ST-ZIP | | | | | |
| TITLE | , | 30 🖂 | LETE 3. | 1 TITLE | <u> </u> | | | Change | ☐ Addition | |
| NAME. | | | 3. | 2 NAME | | | • | | | |
| STREET ADDRESS | | | 3. | 3 STREE | TADDRESS | | • | | | |
| CITY-ST-ZIP | | | 3. | 4. CITY-S | ST-ZIP | | | | | |
| TITLE | | □ D€ | LETE 4. | 1 TITLE | | | | ☐ Change | . Addition | |
| NAME _ | | | 4. | 2 NAME | ļ | | | | ļ | |
| STREET ADDRESS | | | 4. | 3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4 CITY-S | | | | | | |
| TITLE | | | | 1 TITLE | - | | | Change | ☐ Addition | |
| NAME | • | _ | | 2 NAME | | | | , | ł | |
| STREET ADDRESS | | | 5. | 3 STREE | TADORESS | | | | | |
| | | | 1 | 4 CITY-S | ì | | • | | Ì | |
| CITY-ST-ZIP . | | <u>.</u> ••• | | 1 TITLE | | | | ☐ Change | ☐ Addition | |
| | } | | | 2 NAME | | | | | | |
| NAME . | | • | | | TADDRESS | | | | | |
| STREET ADDRESS | | | | | | • | | | ł | |
| CITY-ST-ZIP | Į. | | 6. | 4 CITY-S | 1-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 peopler 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:

OF SIGNING OFFICER OR DIRECTOR