

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

FILED

Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V08385 (9)  
1. Corporation Name  
IMMOKALEE DISPOSAL, INC.



Principal Place of Business 120 W. JEFFERSON AVE. IMMOKALEE FL 34142 US	Mailing Address 120 W. JEFFERSON AVE. IMMOKALEE FL 33934 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0315986		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLLINS, LARRY S 120 W. JEFFERSON AVE. IMMOKALEE FL 34142		10. Name and Address of New Registered Agent	
		81 Name Larry Collins Jr.	
		82 Street Address (P.O. Box Number is Not Acceptable) 120 Jefferson Ave	
		83	
		84 City Immokalee	
		85 Zip Code 34142	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 Larry Collins Jr. Larry Collins Jr. V. Pres. 3/18/98  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, LARRY S	1.2 NAME	
STREET ADDRESS	101 HIGHVIEW AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Collins Wanda Mae <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, WANDA MAE	2.2 NAME	101 Higview Ave
STREET ADDRESS	101 HIGHVIEW AVE.	2.3 STREET ADDRESS	Lehigh Acres, FL 33936
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, LINDA	3.2 NAME	
STREET ADDRESS	191 STATE ROAD 29	3.3 STREET ADDRESS	
CITY-ST-ZIP	FELDA FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, LARRY J	4.2 NAME	
STREET ADDRESS	191 STATE ROAD 29	4.3 STREET ADDRESS	
CITY-ST-ZIP	FELDA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Treaso <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Regina McBurnett
STREET ADDRESS		5.3 STREET ADDRESS	410 Parkside St
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 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.

SIGNATURE: Linda Collins : Linda Collins Secretary 3/20/98 (941) 651-2729

CR2E034 (10/97)