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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000000996 (8)**

1. Corporation Name

**BLACKBURN RECYCLE CENTER, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 891  
NOKOMIS FL 34274

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NOKOMIS FL 34274

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/30/1992** 3a. Date of Last Report **03/07/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0368878** Applied For  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBER, J. E  
245 N. TAMMIAM TRAIL  
SUITE E  
VENICE FL 34285**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering.)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **BLACKBURN, THEODORE J**  
STREET ADDRESS **257 ALSACE AVENUE**  
CITY-ST-ZIP **VENICE FL 34293**

1.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.2 NAME  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.4 CITY-ST-ZIP  Change  Addition

3.1 TITLE  Change  Addition

3.2 NAME  Change  Addition

3.3 STREET ADDRESS  Change  Addition

3.4 CITY-ST-ZIP  Change  Addition

4.1 TITLE  Change  Addition

4.2 NAME  Change  Addition

4.3 STREET ADDRESS  Change  Addition

4.4 CITY-ST-ZIP  Change  Addition

5.1 TITLE  Change  Addition

5.2 NAME  Change  Addition

5.3 STREET ADDRESS  Change  Addition

5.4 CITY-ST-ZIP  Change  Addition

6.1 TITLE  Change  Addition

6.2 NAME  Change  Addition

6.3 STREET ADDRESS  Change  Addition

6.4 CITY-ST-ZIP  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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 192, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Theodore J. Blackburn* Theodore J. Blackburn 2-20-95 813-428-6109

SIGNATURE AND TITLE OR PRINTED NAME OF DRIVING OFFICER OR DIRECTOR

(DATE)

(PHONE NUMBER)