

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

*Py 192*

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S42351 (4)**

1. Corporation Name  
**SOUTHLAND RECYCLING SERVICES, INC.**



Principal Place of Business: **C/O KENT, RIDGE & CRAWFORD 225 WATER ST. ST. 900 JACKSONVILLE FL 32202 US**  
Mailing Address: **C/O KENT, RIDGE & CRAWFORD 225 WATER ST. STE 900 JACKSONVILLE FL 32202 US**

3. Date Incorporated or Qualified: **04/02/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3061116**  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing:  **\$8.75 Additional Fee Required**,  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

2. Principal Place of Business: **218 Morgan Ave**  
2a. Mailing Address: **218 Morgan Ave**  
22. Suite, Apt. #, etc.:  
23. City & State: **Jacksonville FL**  
28. City & State: **Jacksonville FL**  
24. Zip: **32254**, 25. Country: **US**  
29. Zip: **32254**, 30. Country: **US**

9. Name and Address of Current Registered Agent  
**RIDGE, GEORGE E ESQUIRE  
225 WATER ST.  
STE 900  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
81. Name: **MICHAEL A. WODRICH**  
82. Street Address (P.O. Box Number is Not Acceptable): **1201 RIVERPLACE BLVD**  
83. **SUITE 1500**  
84. City: **JACKSONVILLE**, 85. State: **FL**, 86. Zip Code: **32207**

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 admit the public use of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, FELIX A.</b>	
STREET ADDRESS	<b>3841 FEATHER OAKS DR. E.</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCRIMON, MARY C.</b>	
STREET ADDRESS	<b>1849 OCEAN GROVE DR.</b>	
CITY-STATE-ZIP	<b>ATLANTIC BEACH FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRISON, ALAN B</b>	
STREET ADDRESS	<b>2859 SCOTT MILL ESTATES</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DRAKE, BARBARA</b>	
STREET ADDRESS	<b>1614 S EDGEWOOD AVE.</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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(3)(k), 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, along with an address.

SIGNATURE: *[Signature]* DATE: **4/29/96** DAYTIME PHONE #: **904-384-2567**

CR2E034 (12/95)

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ATTACHMENT TO PROFIT CORPORATION ANNUAL REPORT  
DOCUMENT # S42351

**SOUTHLAND RECYCLING SERVICES, INC.**

59-3061116

Line 13. Additions/Changes to Officers and Directors in 12

1.1 Title	DV	Change	<input checked="" type="checkbox"/> Addition
1.2 Name	HARRIS W. HUDSON		
1.3 Street Address	200 EAST LAS OLAS BLVD.		
1.4 City-Zip-State	FT. LAUDERDALE FL. 33301		
1.1 Title	V/S	Change	<input checked="" type="checkbox"/> Addition
1.2 Name	RICHARD L. HANDLEY		
1.3 Street Address	200 EAST LAS OLAS BLVD.		
1.4 City-Zip-State	FT. LAUDERDALE FL. 33301		
1.1 Title	V	Change	<input checked="" type="checkbox"/> Addition
1.2 Name	ROBERT GUERIN		
1.3 Street Address	200 EAST LAS OLAS BLVD.		
1.4 City-Zip-State	FT. LAUDERDALE FL. 33301		
1.1 Title	V	Change	<input checked="" type="checkbox"/> Addition
1.2 Name	DONALD KOOGLER		
1.3 Street Address	200 EAST LAS OLAS BLVD.		
1.4 City-Zip-State	FT. LAUDERDALE FL. 33301		
1.1 Title	T	Change	<input checked="" type="checkbox"/> Addition
1.2 Name	COURTLAND PEDDY		
1.3 Street Address	200 EAST LAS OLAS BLVD.		
1.4 City-Zip-State	FT. LAUDERDALE FL. 33301		
1.1 Title		Change	<input type="checkbox"/> Addition
1.2 Name			
1.3 Street Address			
1.4 City-Zip-State			
1.1 Title		Change	<input type="checkbox"/> Addition
1.2 Name			
1.3 Street Address			
1.4 City-Zip-State			
1.1 Title		Change	<input type="checkbox"/> Addition
1.2 Name			
1.3 Street Address			
1.4 City-Zip-State			