

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M88161** (8)

1. Corporation Name

ACCURATE PAPER RECYCLING, INC.



Principal Place of Business

**5500 EAST GIDDENS STREET
TAMPA FL 33610-5307**

Mailing Address

**5500 EAST GIDDENS STREET
TAMPA FL 33610-5307**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**GARDNER, DOUGLAS S SR.
5500 EAST GIDDENS STREET
TAMPA FL 33610-5307**

3. Date Incorporated or Qualified
07/05/1988

3a. Date of Last Report
01/25/1995

4. FEI Number
59-2897582

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 of the person changing the registered office or agent

Signature of the new registered agent (if different)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BIESANZ, J. THEODORE	
STREET ADDRESS	4963 BAYSHORE BLVD.	
CITY-STATE-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	WARD, BARRY	
STREET ADDRESS	4408 W. SEVILLA ST	
CITY-STATE-ZIP	TAMPA FL 33629	
TITLE	P	☐ DELETE
NAME	GARDNER, DOUGLAS S JR.	
STREET ADDRESS	2932 KNIGHTS AVE. W.	
CITY-STATE-ZIP	TAMPA FL 33611	
TITLE	ST	☐ DELETE
NAME	GARDNER, DOUGLAS S SR.	
STREET ADDRESS	5500 EAST GIDDENS STREET	
CITY-STATE-ZIP	TAMPA FL 33610	
TITLE	D	☐ DELETE
NAME	BOWERS, SUSAN G	
STREET ADDRESS	5500 EAST GIDDENS STREET	
CITY-STATE-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	MAYHEW, MOLLIE G	
STREET ADDRESS	5500 EAST GIDDENS STREET	
CITY-STATE-ZIP	TAMPA FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☒ Addition
32 NAME	PD
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.S. GARDNER

1/30/96 8/3622/377

CR2E034 (12/95)