

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L96485** (2)

1. Corporation Name

A.C.C. RECYCLING CORP.



Principal Place of Business

**1190 20TH STREET NORTH
ST. PETERSBURG FL 33713-5708**

Mailing Address

**1190 20TH STREET NORTH
ST. PETERSBURG FL 33713-5708**

3. Date Incorporated or Qualified
08/29/1990

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

4. FEI Number

58-1936391

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. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACCOMANDO, RONALD
10109 PARADISE BLVD
TREASURE ISLAND FL 33706**

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 date of appointment

Date Registered Agent signed and expiration date, if any

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE
NAME **ACCOMANDO, KATHRYN**
STREET ADDRESS **10109 PARADISE BLVD**
CITY-STATE-ZIP **TREASURE ISLAND FL**

TITLE **V** ☐ DELETE
NAME **OSTRANDER, ARLENE**
STREET ADDRESS **2888 AUTUMN GREEN DR**
CITY-STATE-ZIP **ORLANDO FL**

TITLE **P** ☐ DELETE
NAME **ACCOMANDO, MICHAEL**
STREET ADDRESS **3667 CHATHAM DR**
CITY-STATE-ZIP **PALM HARBOR FL**

TITLE **T** ☐ DELETE
NAME **ACCOMANDO, GENEVIEVE**
STREET ADDRESS **10109 PARADISE BLVD**
CITY-STATE-ZIP **TREASURE ISLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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*****200.00**

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 on an attachment with an address.

SIGNATURE:

Kathryn Accomando
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-96 896-9600

CR2E034 (12/95)