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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

3. Date Incorporated or Qualified

07/05/1988

3a. Date of Last Report

02/06/1996

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BIESANZ, J. THEODORE  
STREET ADDRESS 4963 BAYSHORE BLVD.  
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME WARD, BARRY  
STREET ADDRESS 4408 W. SEVILLA ST  
CITY-ST-ZIP TAMPA FL 33629

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME GARDNER, DOUGLAS S JR.  
STREET ADDRESS 2932 KNIGHTS AVE. W.  
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE

NAME GARDNER, DOUGLAS S SR.  
STREET ADDRESS 5500 EAST GIDDENS STREET  
CITY-ST-ZIP TAMPA FL 33610

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BOWERS, SUSAN G  
STREET ADDRESS 5500 EAST GIDDENS STREET  
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MAYHEW, MOLLIE G  
STREET ADDRESS 5500 EAST GIDDENS STREET  
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOUGLAS S. GARDNER / 5-97 813 627377

CR2E034 (9/96)