FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713692 (2)

1. Corporation Name

FLORIDA RECYCLERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3000 110TH AVE NORTH ST PETERSBURG FL 33716	3000 110TH AVE NORTH ST PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1967
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2545102 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6912 E 9TH AVE	26 6912 E 9TH AVE
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 TAMPA Florida	City & State 28 TAMPA, Florida
Zip 24 33619 County 25 USA	Zip 29 33619 County 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LENSMYER, WILLIAM A
3000 110TH AVE NORTH
ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name: LEE LEVANT
82 Street Address (P.O. Box Number is Not Acceptable): 6912 E 9TH AVE
83
84 City: TAMPA FL 85 Zip Code: 33619

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] 6-22-95
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	PD	11 TITLE	President D	☒ Change ☐ Addition
NAME	LENSMYER, WILLIAM	12 NAME	TOM MCGEE	
STREET ADDRESS	3000 110TH AVE NORTH	13 STREET ADDRESS	BOX 600804	
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	JACKSONVILLE, Florida 32236	
TITLE	VD	21 TITLE	V.P. D	☒ Change ☐ Addition
NAME	ISICOFF, STEVEN	22 NAME	RANDY WEIL	
STREET ADDRESS	3511 NW N RIVER DR	23 STREET ADDRESS	13200 OAKID LN	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	OPA LOCKA FLA 33054	
TITLE	STD	31 TITLE	SECRETARY TREASURER D	☒ Change ☐ Addition
NAME	COLE, JAY	32 NAME	LEE LEVANT	
STREET ADDRESS	5200 DOVER	33 STREET ADDRESS	6912 E 9TH AVE	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA Florida 33619	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

4/27/95

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] LEE LEVANT 6-5-95 813-626-5445
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050445