

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 8-8-96 B-7087C

DOCUMENT # 713692 (2)

1. Corporation Name

FLORIDA RECYCLERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6912 E 9TH AVE  
TAMPA FL 33619  
US

6912 E 9TH AVE  
TAMPA FL 33619  
US

3. Date Incorporated or Qualified

11/22/1967

3a. Date of Last Report

06/27/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 876

26 P.O. Box 876

4. FEI Number

59-2545102

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 BUSHWELL FL

28 BUSHWELL FL

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33513

25 USA

29 33513

30 USA

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVANT, LEE  
6912 E 9TH AVE  
TAMPA FL 33619

81 Name

LUTHER E. MOORE

82 Street Address (P.O. Box Number is Not Acceptable)

H2C COUNTY RD 706

83

84 City

BUSHWELL

FL

85 Zip Code

33513

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

LUTHER E. MOORE  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-25-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCREE, TOM  
STREET ADDRESS BOX 60068 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32236

TITLE VD ☐ DELETE

NAME WEIL, RANDY  
STREET ADDRESS 13200 GARID LN  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE STD ☒ DELETE

NAME LEVANT, LEE  
STREET ADDRESS 6912 E 9TH AVE  
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

5 TO  
MOORE, LUTHER E.  
P.O. Box 876  
BUSHWELL, FL 33513

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

SIGNATURE:

LUTHER E. MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-25-96 352-793-9268

0012041

CR2E037 (3/96)