FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 12:40

DOCUMENT # **842889** **(8)**

1. Corporation Name
SOUTHEAST RECYCLING CORPORATION

Principal Place of Business
2000 POWERS FERRY RD., STE 610
MARIETTA GA 30067

Mailing Address
2000 POWERS FERRY RD., STE 610
MARIETTA GA 30067

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/27/1979
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business
21 1800 PARKWAY PLACE
Suite, Apt. #, etc.
22 SUITE 1020
City & State
23 MARIETTA, GEORGIA
Zip 24 30067
Country 25

2a. Mailing Address
26 1800 PARKWAY PLACE
Suite, Apt. #, etc.
27 SUITE 1020
City & State
28 MARIETTA, GEORGIA
Zip 29 30067
Country 30

4. FEI Number: 58-1312936 — 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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BURKE, JAMES L	1.2 NAME		
STREET ADDRESS	SHADDOCK CREEK ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN GA	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		XX Change ☐ Addition
NAME	FLETCHER, E. JAMES	2.2 NAME		
STREET ADDRESS	2000 POWERS FERRY RD	2.3 STREET ADDRESS	1800 PARKWAY PLACE # 1020	
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP	MARIETTA, GA 30067	
TITLE	S	3.1 TITLE		XX Change ☐ Addition
NAME	GIDDENS, C. GLENN	3.2 NAME		
STREET ADDRESS	2000 POWERS FERRY ROAD	3.3 STREET ADDRESS	1800 PARKWAY PLACE # 1020	
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	MARIETTA, GA 30067	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	GORMAN, JOSEPH R.	4.2 NAME		
STREET ADDRESS	SHADDOCK CREEK RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN GA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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 the 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: C. Glenn Giddens — C. GLENN GIDDENS — 1/11/95 — (404) 919-7502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002027 CP