

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F92000000788 (1)

1. Corporation Name  
JLM INDUSTRIES, INC.



Principal Place of Business  
8675 HIDDEN RIVER PKWY.  
TAMPA FL 33637  
US

Mailing Address  
8675 HIDDEN RIVER PKWY.  
TAMPA FL 33637  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 12/04/1992	
4. FEI Number 06-1163710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BENNETT, STEPHEN A ONE TAMPA CITY CENTER SUITE 3300 TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name John T. White, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 8675 Hidden River Parkway 83 84 City Tampa FL 85 Zip Code 33637	
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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 *John T. White* JOHN T. WHITE 4/2/98  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	VP Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONALD, JOHN L	1.2 NAME	Linda Sato
STREET ADDRESS	8675 HIDDEN RIVER PKWY.	1.3 STREET ADDRESS	8675 Hidden River Pkwy
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33637
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	VP, marketing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSTO, FRANK A	2.2 NAME	Ted Lelek
STREET ADDRESS	8675 HIDDEN RIVER PKWY.	2.3 STREET ADDRESS	8675 Hidden River Pkwy
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33637
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	VP, General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLINA, MICHAEL J	3.2 NAME	John T. White
STREET ADDRESS	8675 HIDDEN RIVER PKWY.	3.3 STREET ADDRESS	8675 Hidden River Pkwy
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33637
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Wilfred Kimball
STREET ADDRESS		4.3 STREET ADDRESS	8675 Hidden River Pkwy
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33637
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)