

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000000683 (1)

1. Corporation Name

RETROFIT RECYCLING, INC.



Principal Place of Business

RR1 BOX 41B  
OWATONNA MN 55060

Mailing Address

RR1 BOX 41B  
OWATONNA MN 55060

3. Date Incorporated or Qualified

02/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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. 190.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERRITT, BRIAN  
1229 GOLDFINCH DR., APT 7  
PLANT CITY FL 33566

81 Name

George M. Parker

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

10091 SW 158th Terrace

83

84 City

Miami

FL

85 Zip Code  
33157

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]*

(If the Registered Agent is a corporation, complete this block.)

5/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
NOBLE, MICHAEL  
RR1 BOX 41B  
OWATONNA MN

☐ DELETE

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KATH, STEVE  
RR1 BOX 41B  
OWATONNA MN

☐ DELETE

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4. TITLE  
5. NAME  
6. STREET ADDRESS  
7. CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6. TITLE  
7. NAME  
8. STREET ADDRESS  
9. CITY-ST-ZIP  
☐ Change ☐ Addition

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)(A), 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 registered 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-96 507-4535-2181  
Date: Filing Office #

CR2E034 (12/95)