FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 4.27-95

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

B-4663

APPROVED AND FILED
95 APR 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G03703 (7)

1. Corporation Name
E & T SHREDDING PROTECTION, INC.

Principal Place of Business	Mailing Address
692 N. EDGEWOOD AVE. JACKSONVILLE FL 32205 US	P. O. BOX 37214 JACKSONVILLE FL 32236-7214 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Jacksonville, Fl	2a. Mailing Address: 26 P.O Box 32236-[illegible]
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Fl	City & State 28 Jax, Fl
Zip 24 32254 Country 25 Duval	Zip 29 32236-7214 Country 30 Duval

3. Date Incorporated or Qualified: 10/06/1982
3a. Date of Last Report: 08/12/1994
4. FEI Number: 59-2224268 ☐ 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

LEPRELL, SAMUEL L.
1301 GULG LIFE DR
STE. 1500
JACKSONVILLE FL 32207

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

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	REESE, JANICE M
STREET ADDRESS	11883 HIDDEN HILLS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	PD
NAME	REESE, ERIC
STREET ADDRESS	11883 HIDDEN HILLS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	TD
NAME	REESE, TOMMIE L.
STREET ADDRESS	11883 HIDDEN HILLS DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD
NAME	REESE, JEFFREY J.
STREET ADDRESS	11883 HIDDEN HILLS DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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		

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

SIGNATURE: Eric Reese 04-22-95 904-354-8172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #