

NEW: FILING FEE AFTER MAY 1 IS \$550.00

**PROMPT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
Apr 24 1997 8:00 am
Secretary of State

DOCUMENT # K28864 (2)
1. Corporation Name
TRI COUNTY RECYCLING SERVICES OF AMERICA, INC.



Principal Place of Business Mailing Address
**21610 SIX L'S FARM RD
ESTERO FL 33928**

2. Principal Place of Business 2a. Mailing Address
21 18101 Three B Farm Rd 26 18101 Three B Farm Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 ESTERO FL 28 ESTERO FL
Zip Country Zip Country
24 33928 25 FL 29 33928 30 FL

3. Date Incorporated or Qualified 3a. Date of Last Report
07/19/1988 04/25/1996
4. FEI Number Applied For
65-0073054 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

**BARRY, MIKE
21610 SIX L'S FARM RD
ESTERO FL 33928**

10. Name and Address of New Registered Agent
81 Name **BARRY MIKE**
82 Street Address (P.O. Box Number is Not Acceptable)
18101 Three B Farm Rd
83 -
84 City **ESTERO** FL 85 Zip Code **33928**

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

Signature typed or printed name of registered agent and one if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, MIKE	1.2 NAME	BARRY, MIKE
STREET ADDRESS	21610 SIX L'S FARM RD	1.3 STREET ADDRESS	18101 Three B Farm Rd
CITY-ST-ZIP	ESTERO FL 33928	1.4 CITY-ST-ZIP	ESTERO FL 33928
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 do 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0524833

CR2E034 (9/96)