

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 17 PM 3:20

DOCUMENT # **K67536** (8)

1. Corporation Name  
**PLASTICS RECOVERY, INC.**

Principal Place of Business Mailing Address  
**350 FAULKENBURG ROAD, NORTH TAMPA FL 33619** **P.O. BOX 20837 ST. PETERSBURG FL 33742**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/22/1989** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business / o 2a. Mailing Address c/o  
21 **Plastics Recovery, Inc.** 26 **Plastics Recovery, Inc.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **550 N Rio St. Suite 300** 27 **P.O. Box 20837**  
City & State City & State  
23 **Tampa, FL** 28 **St. Pete, FL**  
Zip Country Zip Country  
24 **33609** 25 **USA** 29 **33742** 30 **USA**

4. FBI Number **59-2963153** 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  
**NOBLE, JOHN W**  
**1742 TANGLEWOOD DR., N.E.**  
**ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title of corporation) (Print: Registered Agent signature required when consulting)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>NOBLE, JOHN W.</b>
STREET ADDRESS	<b>1742 TANGLEWOOD DR., NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>PTS</b>
NAME	<b>NOBLE, JOHN W.</b>
STREET ADDRESS	<b>1742 TANGLEWOOD DR., NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 noted in Section 110.07(3)(b), 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: *John W. Noble* **John W. Noble, President** **2/14/95 813 287-5121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR