

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K85941 (8)
1. Corporation Name
TOMOKA RECYCLING, INC.

Principal Place of Business
848 HULL ROAD
ORMOND BEACH FL 32174

Mailing Address
P.O. BOX 2728
ORMOND BEACH FL 32175-2728

FILED

97 OCT -2 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1325 HULL TRAIL Suite, Apt. #, etc. 22 City & State 23 ORMOND BEACH, FL Zip 24 32174 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 05/05/1989	3a. Date of Last Report 04/22/1996
				4. FEI Number 59-2059606	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BAILEY & TRUMBO P A
340 NORTH CAUSEWAY
NEW SMYRNA BEACH FL

10. Name and Address of New Registered Agent

81 Name
C.T. CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 SOUTH PINE ISLAND ROAD
84 City
PLANTATION FL 85 Zip Code
33324

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.

Barbara A. Burke
BARBARA A. BURKE

(NOTE: Registered Agent signature required when reinstating.)

100002980971--6

-10/02/97-01126-019

12. OFFICERS AND DIRECTORS SPECIAL ASSISTANT SECRETARY <input checked="" type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CINELLI, JAMES V. STREET ADDRESS 848 HULL ROAD CITY-ST-ZIP ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME MILLER J. MATTHEWS, JR. 1.3 STREET ADDRESS USA WASTE 1001 FANNIN 1.4 CITY-ST-ZIP HOUSTON, TX 77002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CINELLI, JOHN JR STREET ADDRESS 848 HULL ROAD CITY-ST-ZIP ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE EXECUTIVE VICE PRESIDENT 2.2 NAME EARL F. DEFRATES 2.3 STREET ADDRESS USA WASTE 1001 FANNIN 2.4 CITY-ST-ZIP HOUSTON, TX 77002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CINELLI, JOHN SR STREET ADDRESS 848 HULL ROAD CITY-ST-ZIP ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VICE PRESIDENT 3.2 NAME BRUCE R. SNYDER 3.3 STREET ADDRESS USA WASTE 1001 FANNIN 3.4 CITY-ST-ZIP HOUSTON, TX 77002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE VP 4.2 NAME RONALD H. JONES 4.3 STREET ADDRESS USA WASTE 1001 FANNIN 4.4 CITY-ST-ZIP HOUSTON, TX 77002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE VP 5.2 NAME JOHN JENNINGS 5.3 STREET ADDRESS USA WASTE 1001 FANNIN 5.4 CITY-ST-ZIP HOUSTON, TX 77002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE VP 6.2 NAME JAMES V. CINELLI 6.3 STREET ADDRESS 1325 HULL TRAIL 6.4 CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

SIGNATURE:

JAMES V. CINELLI 9-15-97 504-623-0800

CR2E034 (4/97)