2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 16, 2007 8:00 am Secretary of State DOCUMENT #L01836 01-16-2007 90252 001 ***150.00 1. Entity Name LYNCH RECYCLERS, INC. 01-16-2007 90252 002 *****8.75 Principal Place of Business Mailing Address 66000112 C/O ROBERT A. LYNCH C/O ROBERT A. LYNCH 1616 W C - 48 BUSHNELL, FL 33513 US 1616 W C - 48 BUSHNELL, FL 33513 2. Principal Place of Business - No P.O. Box # 3. Mailing Address O Howard o Howard Suite, Apt. #, etc. Suite, Apt. #, etc 01082007 Chg-P CR2E034 (12/06) <u> 4 ميلاملا</u> Applied For City & State 4. FEI Number Bushner Bushne 59-2958032 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u>33513</u> >Umter Fee Required מחשיבי 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRICE, HOWARD L. Street Address (P.O. Box Number is Not Acceptable) 1616 WC-48 BUSHNELL, FL 33513 Jushnell 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 1-8-07 SIGNATURE Signature, typed or printed name of regist (NOTE: Flegistered Agent aignature required when remistating) agent and tale if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TIDIA TITLE Detete TITLE ☐ Change X Addition Grice, Howard L. 6825 SE 25+ Way Bushoell FL 33513 LYNCH, ROBERT A. NAME STREET ADDRESS 320 W NOBLE AVENUE STREET ADORESS CITY-ST-ZIP BUSHNELL, FL 33513 CITY-ST-ZIP VIDIS Delete TITLE ☐ Change Addition Grice, Ginger R. 6825 SE 25th Way Bushnell FL 33513 LYNCH, LOIS R. NAME NAME STREET ADDRESS 320 W NOBLE AVENUE STREET ADORESS CITY-ST-ZIP BUSHNELL, FL 33513 CITY-ST-ZIP TITLE ппе ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

FILED