

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L26430** (3)

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



Principal Place of Business: **251 LEVY ROAD ATLANTIC BEACH FL 32233**  
Mailing Address: **251 LEVY ROAD ATLANTIC BEACH FL 32233**

3. Date Incorporated or Qualified: **10/31/1989**  
3a. Date of Last Report: **04/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-3030249</b>	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DALE, HOWARD L.</b> <b>135 WEST BAY STREET</b> <b>SUITE 200</b> <b>JACKSONVILLE FL 32202</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORNER, HARRY B.</b>	1.2 NAME	<b>Director</b>
STREET ADDRESS	<b>251 LEVY ROAD</b>	1.3 STREET ADDRESS	<b>Jenkins, Posey H.</b>
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>	1.4 CITY-ST-ZIP	<b>251 Levy Road</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENKINS, STEVEN T.</b>	2.2 NAME	<b>Director</b>
STREET ADDRESS	<b>251 LEVY RD</b>	2.3 STREET ADDRESS	<b>Simmons, Ralph</b>
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>	2.4 CITY-ST-ZIP	<b>251 Levy Road</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, RUSSELL B. S</b>	3.2 NAME	<b>Asst. Secretary</b>
STREET ADDRESS	<b>251 LEVY RD</b>	3.3 STREET ADDRESS	<b>Mary Ann Holmes</b>
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>	3.4 CITY-ST-ZIP	<b>251 Levy Road</b>
TITLE	<b>XX Vice Chairman</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONNOLLY, JOHN W JR</b>	4.2 NAME	<b>Atlantic Beach, Fl</b>
STREET ADDRESS	<b>251 LEVY ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>Board Chairman</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Zechella, Alexander P.</b>	5.2 NAME	
STREET ADDRESS	<b>251 Levy Road</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Atlantic Beach Fl.</b>	5.4 CITY-ST-ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jenkins, Sydney J.</b>	6.2 NAME	
STREET ADDRESS	<b>251 Levy Road</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Atlantic Beach, Fl</b>	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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sydney J. Jenkins **Sydney J. Jenkins, Director** 904-241-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)