

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L31221** (9)

1. Corporation Name

KIMMINS RECYCLING CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1501 2ND AVE.
TAMPA FL 33605-5005
US

Mailing Address
1501 2ND AVE.
TAMPA FL 33605-5005
US

3. Date Incorporated or Qualified 11/21/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2984276	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**WILLIAMS, JOSEPH
1501 E. 2ND AVE.
TAMPA FL 33605**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 of Registered Agent (must be printed name and address)

Signature of Registered Agent (must be printed name and address)

(At)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BAKER, CHARLES A., JR.	1. TITLE Vice President / Director	☒ Change ☐ Addition
STREET ADDRESS 1501 2ND AVE.		2. NAME Baker, Charles, A. Jr.	
CITY, ST, ZIP TAMPA FL		3. STREET ADDRESS	
		4. CITY, ST, ZIP	
TITLE DV	NAME SIMON, JOHN V., JR.	21. TITLE	☐ Change ☐ Addition
STREET ADDRESS 1501 2ND AVE.		22. NAME	
CITY, ST, ZIP TAMPA FL		23. STREET ADDRESS	
		24. CITY, ST, ZIP	
TITLE D	NAME O'BRIEN, MICHAEL	31. TITLE Vice President / Director	☒ Change ☐ Addition
STREET ADDRESS 256 3RD ST.		32. NAME O'Brien, Michael	
CITY, ST, ZIP NIAGRA FALLS NY		33. STREET ADDRESS	
		34. CITY, ST, ZIP	
TITLE C	NAME WILLIAMS, FRANCIS M	41. TITLE Chairman of the Board / President	☒ Change ☐ Addition
STREET ADDRESS 1501 E. 2ND AVENUE		42. NAME Williams, Francis M	
CITY, ST, ZIP TAMPA FL		43. STREET ADDRESS	
		44. CITY, ST, ZIP	
TITLE ST	NAME WILLIAMS, JOSEPH M	51. TITLE	☐ Change ☐ Addition
STREET ADDRESS 1501 E. 2ND AVENUE		52. NAME	
CITY, ST, ZIP TAMPA FL		53. STREET ADDRESS	
		54. CITY, ST, ZIP	
TITLE	NAME	61. TITLE	☐ Change ☐ Addition
STREET ADDRESS		62. NAME	
CITY, ST, ZIP		63. STREET ADDRESS	
		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information is based on the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. That I am an officer or director, 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 of this report, upon an attachment with an address.

SIGNATURE:

Charles A. Baker Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles A. Baker Jr.

4-25-95

813-248-3878

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

4/22/95
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L31472** (8)
THE AMERICAN JOURNAL OF ARTHROSCOPY, INC.

Principal Place of Business: 7315 HUDSON AVENUE HUDSON FL 34667
Mailing Address: 7315 HUDSON AVENUE HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Existence 11/22/1989	3b. Date of Last Report 04/22/1994
4. FEI Number 58-1941935	Applied For Not Applicable
5. Certificate of Status (Amended) ☐	\$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 damages for the year 1995. Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State: FL	26. State: FL
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent
**ZSCHAU, JULIUS J
911 CHESTNUT STREET
CLEARWATER FL 34617**

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 607.01 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of authorized 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 Sections 607.01 and 607.1508, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	STREET ADDRESS	NAME	STREET ADDRESS
1. NAME	1. STREET ADDRESS	2. NAME	2. STREET ADDRESS
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99. NAME	99. STREET ADDRESS	100. NAME	100. STREET ADDRESS

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01 and 607.1508, Florida Statutes. I further certify that the information indicated on this optional report of 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 have received or intend to receive compensation for services rendered in connection with this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a of this report, or in an attachment with an address.

SIGNATURE: **Alfred O. Bonati**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

813-868-9563
Toll Free (800) 352-2273