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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # L31221 (9)

1. Corporation Name

KIMMINS RECYCLING CORP.



Principal Place of Business

1501 2ND AVE.
TAMPA FL 33605-5005
US

Mailing Address

1501 2ND AVE.
TAMPA FL 33605-5005
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME BAKER, CHARLES A., JR.
STREET ADDRESS 1501 2ND AVE.
CITY- ST- ZIP TAMPA FL

TITLE DVP
NAME SIMON, JOHN V., JR.
STREET ADDRESS 1501 2ND AVE.
CITY- ST- ZIP TAMPA FL

TITLE VPD
NAME O'BRIEN, MICHAEL
STREET ADDRESS 256 3RD ST.
CITY- ST- ZIP NIAGRA FALLS NY

TITLE COBP
NAME WILLIAMS, FRANCIS M
STREET ADDRESS 1501 E. 2ND AVENUE
CITY- ST- ZIP TAMPA FL

TITLE ST
NAME WILLIAMS, JOSEPH M
STREET ADDRESS 1501 E. 2ND AVENUE
CITY- ST- ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Secretary
Williams, Joseph M.
1501 Second Avenue, East
Tampa, FL 33605

Treasurer
Dominiak, Norman S.
1501 Second Avenue, East
Tampa, FL 33605

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 non-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96
Date

(813) 248-3878
Filing Phone #

CR2E034 (12/95)